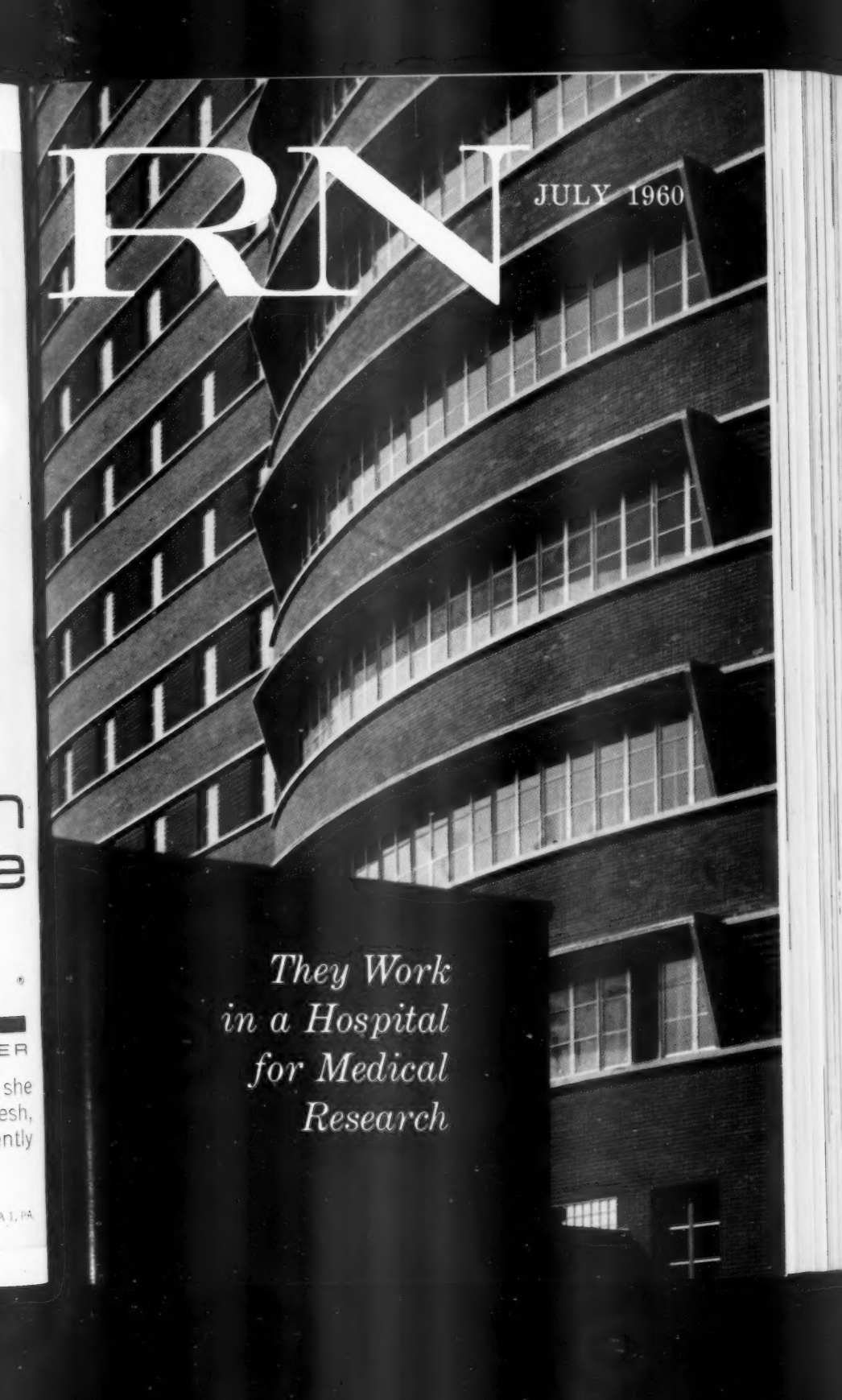
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JULY 1960
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RN contents

VOLUME 23 • NO. 7 • JULY 1960

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contents

DEPARTMENTS and SHORT FEATURES

RN

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In the 10 months since its introduction, ALTAFUR has effected cures in 75 per cent and improvement in an additional 15 per cent of recorded† cases. These cases included:

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Now new and more extensive tests have established that D inhibits the growth of a wider range of gram-positive and gra negative bacteria than any other leading toilet soap—includi strains that are resistant to antibiotics.

Many physicians already recommend the use of Dial to th patients. Now this new evidence points up even more sharply t benefits of Dial for hospitalized patients and hospital personn

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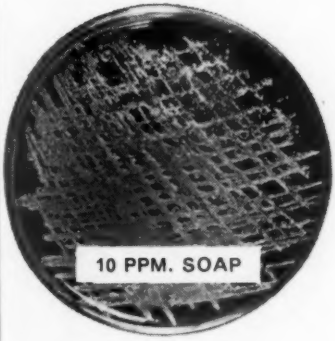
FROM THE SOAP DIVISION OF ARMO D COM

Soap
staph problem



In vitro tests demonstrate Dial's extraordinary effectiveness

1. Ordinary toilet soap left this heavy growth of Staphylococcus aureus

2. A widely used antiseptic soap showed little inhibition of Staphylococcus aureus

3. Dial Soap completely inhibited Staphylococcus aureus

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RN letters

PROBLEM PATIENTS

DEAR EDITOR: Men nurses are better able than women to handle alcoholics and mentally ill patients, states a letter in your April issue. I disagree.

Many nurses seem to think that brawn is the chief requirement for handling such cases. But strong-arm tactics don't help these patients. What they need is T.L.C. . .

I have nothing against men nurses who use T.L.C. But I don't like working with those who feel that their job is to manhandle the "difficult" patients. I'm still idealist enough to believe there's no such thing as a "difficult" patient who requires such treatment.

Shirley Burghard, R.N.
Syracuse, N.Y.

FEDERAL SCHOLARSHIPS

DEAR EDITOR: One of your correspondents calls Federal scholarships for nurses a "Government handout." Nurses who want a degree should pay their own way, she says.

I disagree. I would never have been able to receive my nursing degree without the help of the far-sighted legislators who made this Federal program a reality. Though there were no strings attached to my grant, there *are* some attached to my conscience. I feel that I now owe it to the Government to try, to the best of my ability, to give my patients superior nursing care.

Kathy Sundvold, R.N.
Brookings, S.D.

HOME-STUDY COURSES

DEAR EDITOR: Knowing how to do blood counts and urinalyses would help me greatly in industrial nursing. So I checked with technical schools about learning these skills. They told me I would have to take a full-time two-year course!

Home-study courses are available in electronics, accounting, and other specialized subjects. Schools could do a real service for nurses by making specialized nursing subjects available on a similar basis.

R.N., California

WAYS TO END FEUDING

DEAR EDITOR: "What can we do to help nurses at all levels work together without feuding?" asks an *RN* reader.

I suggest the following:

¶ Focus our thinking on what

letters

we, as nurses, are working *for* (better patient-care), not on our own status as compared to those we're working *with*.

¶ Accept the fact that today's well-trained L.P.N. contributes to good nursing care. (Too often we regard the L.P.N. as an intruder in "our" domain.)

¶ Offer encouraging comments —and a spontaneous "Thank you" when a job is well done.

¶ Listen to what others have to say instead of doing most of the talking ourselves.

¶ Remember that the public isn't concerned about *who* gives the nursing care as long as it's given.

I don't mean we must make all the concessions. But, as professionals, we can take the lead in substituting goodwill and cooperation for ill will and feuding.

Marguerite L. Hays, R.N.
Dallas, Tex.

OUTSIDE THE TEAM?

DEAR EDITOR: In many hospitals nurses who work the 11-7 shift seem to be considered as outside the medical team.

For example: Nurses on other shifts often help make plans for changes. But night nurses rarely hear about such changes till they go into effect.

On some services, the cleaning up chores are left for the 11-7 nurses—who, supposedly, have time to do them because they give

very little bedside care. Nonsense! As the night wears on, patients become restless. They often need reassurance and sedation.

Most of us don't complain about night duty because we know it's necessary. But we *would* like to be members of the team.

Betty L. Gafnea, R.N.
Atlanta, Ga.

STRICTLY CONFIDENTIAL

DEAR EDITOR: A nurse's husband says, in a recent *RN* article, that his wife told him the details of a neighbor's operation. I was taught that a patient's record is strictly confidential.

Virginia Sullivan, R.N.
Greenwich, Conn.

ULTRAVIOLET IN THE O.R.

DEAR EDITOR: Your article in the June *RN* on the use of ultraviolet in operating rooms at Duke University is a well-written report of an interesting experiment.

I think, however, it should be made clear that the reason many surgeons have so far rejected this method is not that it is inconvenient, or that they have other satisfactory means of combating infection. Surgeons are used to inconvenience. For instance, wearing gloves is more inconvenient than working under ultraviolet, as any surgeon who has tried to button a shirt with rubber gloves on well knows. Surgeons are also quite accustomed to relying on a number of means for combating infection.

Most surgeons have not used ultraviolet simply because they have not yet been convinced that it works. Personally, I believe it may be helpful—though perhaps less helpful than the people at Duke indicate. The work at Duke has not been controlled, i.e., there has been no day-to-day comparison with cases done *without* ultraviolet light.

As your article points out, ultraviolet is now under study at five other medical centers. [The University of Pennsylvania, Hahnemann Medical College, George Washington University, the University of Cincinnati, and the University of California at Los Angeles—ED.] The study is rigorously controlled and is "double-blinded." This means that (1) a surgeon never knows whether he's operating under ultraviolet or ordinary light, and (2) he doesn't know which was used for patients whose wounds he evaluates. The data from these five centers in the next year should provide a definitive evaluation of the method used at Duke.

It is encouraging that the Public Health Service is interested enough in this study to invest several hundred thousand dollars in it.

Robert G. Ravdin, M.D.
Philadelphia, Pa.

END

The Emergency room nurse—A siren wail in the distance
Signalled the approach of an accident victim . . .
An automobile collision . . . perhaps a fractured skull.
Whatever the magnitude of his misfortune, she is ready . . .
Calm and prepared to cope with it.

A tribute to the nursing profession by the makers of Modess ◆Tampons . . . the flexible tampon

P. CORP. ©

RN news

Oil Makes Flu Shots Last Longer

Is it possible to provide flu immunization for periods longer than a year?

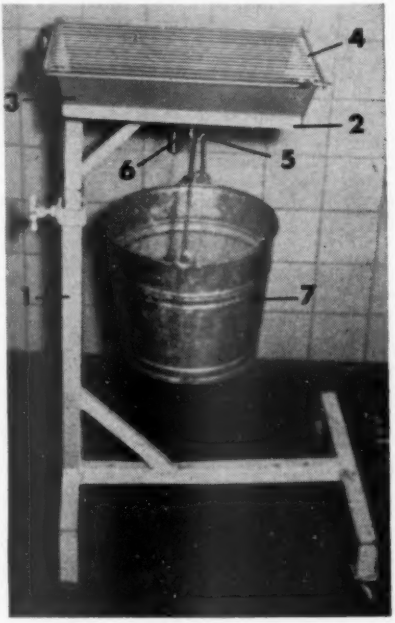
Yes, says Dr. Fred M. Davenport of the University of Michigan. He cites evidence—based on field trials of 100,000 shots—that adding mineral oil to polyvalent flu vaccines helps maintain antibody levels for periods up to three years. (The field trials were carried out under the auspices of the Commission on Influenza of the Armed Forces Epidemiological Board and were supported by Federal grants.)

Lab tests suggest, Dr. Davenport adds, that oil-spiked vaccines are also effective for broad-spectrum protection even when a new strain of flu virus suddenly appears.

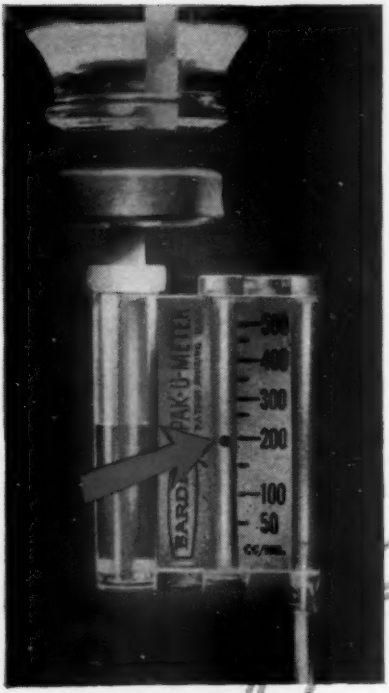
Debridement Without Messiness

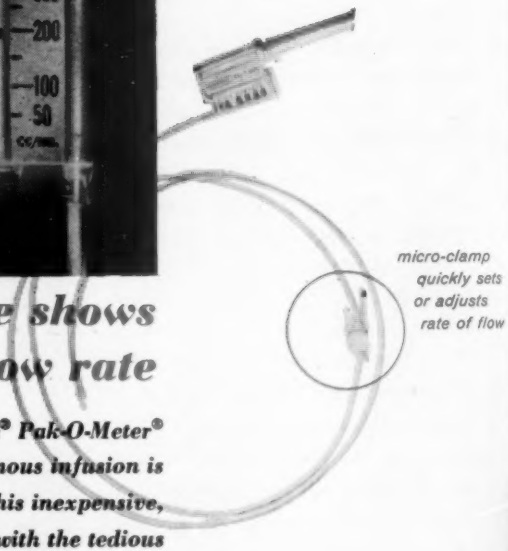
Cleaning up after debridement—a commonly detested chore—is virtually eliminated with this improvised debridement unit, reports Dr. John A. Sakson of Camden, N.J.

A hospital's maintenance department can easily make the unit, he says. The parts include (1) an adjustable over-the-bed table with (2) tray cut to 14 inches in length; (3) a 14-inch baking pan; (4) a grill-shelf from a refrigerator; (5) a hook, fastened to the tray-bottom; (6) a short drain pipe, inserted into a hole through tray and pan; (7) a bucket for drainage.



The unit is pushed against the stretcher or O.R. table. The nurse lays the patient's wounded mem-





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ber (foot, leg, hand, or arm) on the pan. Or, in case of a head wound, she positions the patient with his head on the pan.

After the wound is washed, a sterile towel is placed under the wounded member. The unit then serves as an operating table.

Compact-Car Owners Save $137 a Year

Been wondering just how much a new compact car would save you on gas, oil, and maintenance?

The answer, as provided by U.S. News & World Report, is $137 yearly. This, says the magazine, is an average for the ten-year life of the car. It's based on a comparison of several compact cars with the six-cylinder Chevrolet, Ford, and Plymouth.

The breakdown of expense savings on the compacts: gasoline, $50; oil, $3; depreciation, $32; repairs and maintenance, $20; insurance, $13; parking and tolls, $10; tires and tubes, $9.

Don't Bend His Elbow, Says the A.M.A.

When you do a venipuncture, do you place a sterile cotton ball over the site, then tell the patient to flex his arm while keeping the ball in place?

More▶

Don't, says the Journal of the American Medical Association. This may cause pressure to be applied proximal to the puncture site, thus promoting bleeding instead of stopping it.

The recommended technique:

¶ While withdrawing the needle, press a gauze (or woolen) pad against the puncture.

¶ As you hold the pad, have the patient raise his arm without bending his elbow. Then instruct him to hold the pad firmly in place until bleeding has stopped.

Study Shows That Hormones Slow Breast Cancer

Both male and female hormones can prolong the survival of women with disseminated breast cancer. But in many circumstances female hormones are superior.

This finding highlights a twelve-year statistical study sponsored by the American Medical Association. Other findings:

¶ Male and female hormones are of equal value in the treatment of breast cancer with bony involvement. (Male hormones were previously thought to be the more effective.)

¶ Before the menopause, female hormones may intensify breast cancer rather than slow it down.

¶ After the fourth postmenopausal year, female hormones are the more effective agent.

¶ After the eighth postmeno-

news

pausal year, both male and female hormones become more effective. Female hormones induce a higher rate of regression (38 per cent) than male hormones (27 per cent).

¶ Among women who respond, survival time averages from eighteen to twenty-seven months; among those who don't respond, from eight to eleven months.

¶ Among women who respond, average survival time is twenty-seven months for those treated with female hormones, nineteen months for those treated with male hormones.

¶ Older patients respond better than younger ones.

New Way Found to Treat Coronary Thrombosis

A new "heart-action" technique for flushing blood clots from coronary arteries is reported by Drs. Robert J. Boucek and William P. Murphy Jr. of the University of Miami. Here's how it works:

Nerve impulses that activate the heart are picked up and transmitted to an electronic programmer attached to a pump. Meanwhile, a tube is inserted in an artery in the right elbow, then worked up the arm, across the chest, and down to the affected coronary artery. Finally, a clot-dissolving enzyme (fibrinolysin) is fed into the pump.

Result: The heart action regulates the spurts of enzyme that are

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Diaparene Ointment mixes readily with urine to inhibit ammonia-producing bacteria . . . helps prevent further rash development by destroying the bacteria on the skin. Its water-miscible emollient base soothes excoriated areas and promotes healing.

Diaparene Rinse's sustained action inhibits the urea-splitting bacteria for up to fifteen hours after the diaper has been soiled. With this level of protection, even the night diaper will not cause rash. The mother can rinse the diapers at home with Diaparene Rinse. Or a Diaparene franchised diaper service will supply Diaparene-impregnated diapers.

And for prophylaxis . . . Once the diaper rash is cleared up, help the mother keep baby's skin clear by recommending the Diaparene prophylactic regimen for around-the-clock protection —routine use of Diaparene anti-bacterial Baby Powder and Diaparene anti-bacterial Baby Lotion along with Diaparene Rinse.

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news

forced through the tube to flush out the obstructed artery.

The technique has been used effectively in seven of nine cases, the M.D.s say.

capsules

Career women are five to eight times as susceptible to **coronary disease** as housewives, a San Francisco study team finds . . .

Tuberculin testing is increasing, says the N.L.N., so more nurses can expect to administer such tests in the foreseeable future. It suggests that TB groups, health departments, and local affiliates of the league aid in teaching R.N.s to give the tests . . .

New on the market: a **disposable oxygen tent** designed to eliminate tent-sterilization and to reduce the risk of staph infection linked to the re-use of tents . . .

A 71,000-case study shows that **radiation of the cervix** doesn't increase the incidence of leukemia among cervical-cancer patients, says a report to the American Radium Society . . .

Is intubation necessary in the care of the patient with **paralytic ileus**? According to a recent study—reported in Surgery, Gynecology and

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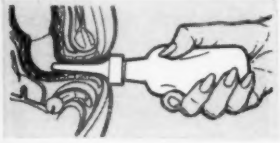
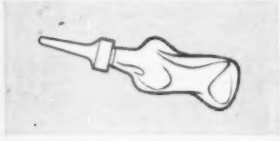
act squeeze bottle
no loose or mov-
arts

1. ***Ready to use*** ... no preparation necessary ... just remove protective cover



2. ***Easy to administer*** ... by nurse or patient ... takes less than a minute ... just squeeze bottle with one hand



3. ***Disposable*** ... simply discard unit after use ... eliminates cleanup and sterilization

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Obstetrics—300 patients treated without a tube were more comfortable and required less nursing care than did 300 others who were intubated . . .

Hot-weather tip: Don't go stockingless. New York M.D.s say stockings help **keep your feet cool** and minimize swelling. How? By absorbing heat thrown off by dilating blood vessels . . .

Legislation proposed in Washington State would enable L.P.N.s to **give all medications** except I.V.s and fractional dosages. The state nurses' association has registered a protest . . .

A new 48-page booklet, "If Your Child Has a **Congenital Heart Defect,"** is available without charge from local affiliates of the American Heart Association. It describes several operable defects . . .

Is vitamin K effective as a prophylactic against **neonatal bleeding?** A University of Texas team says yes. It found that secondary hemorrhage after circumcision is six times more frequent in babies who have not been receiving the vitamin. So a Dallas nursery reinstituted its use . . .

Surprise statistics: In an 800-case study of **hospital staph,** Washington State analysts found that medical patients accounted for 49 per cent of its incidence, surgical patients for only 32 per cent. Pediatric and outpatient units shared most of the other cases. Personnel were involved in less than 1 per cent of the cases . . .

Children can be **poisoned by eating weeds,** warns the University of Michigan Poison Control Center. Among the more dangerous plants listed are Jimson weed, common nightshade, ground cherry, and tobacco. (A potato is said to be poisonous if it has been exposed to sunlight until the tuber turns green.) END

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RN

The A.N.A. Convention and What It Means for You

Report by *RN*'s Editors

The editors of *RN* believe that all nurses, A.N.A. members and nonmembers alike, want to know about the actions taken by delegates to the A.N.A.'s 1960 biennial convention for these reasons:

¶ You'll be hearing discussions of these actions during the coming months—not only at state and district meetings but at nursing-staff meetings, in hospital lunchrooms, wherever nurses congregate.

¶ In the public mind, any pronouncements by the A.N.A. represent the thinking of nurses *as a professional group*. Your patients, the nonprofessional personnel you work with, doctors, hospital administrators, public officials—all these consider the A.N.A. as *your* voice, whether you're an A.N.A. member or not.

With these facts in mind, *RN* brings you a summary of the major actions taken by the convention delegates (see pages 72-74). These, *RN*'s editors believe, are

important "straws in the wind" —indicators of major trends in nursing that, though not yet supported, perhaps, by the majority of nurses, surely hold promise for the future.

Two questions were of mo concern to convention delegate both officially and unofficiall

1. Where is nursing headed terms of the nurse's econom well-being?

Careful! Sun-Tanning Can Be Hazardous

BY MARTHA DUDLEY, R.N.

Before starting a sun tan, you'll want to remember th Sunburn isn't the only hazard. The sun's ultraviolet r can also "age" your skin—causing it to become d coarse, and leathery-looking; to wrinkle, lose its firmne and undergo permanent pigmentary changes.

Worse still, ultraviolet damage may predispose yo skin to the development of cancer.

You've heard all this before? Then you can help oth by spreading the word, suggests Dr. John M. Knox, As ciate Professor of Dermatology at Baylor University Houston, Tex.

In a report to the A.M.A., Dr. Knox points out th "there is far more interest in the good than in the ha resulting from sunlight . . . The public should also informed on appropriate means of protection."

Here, says the doctor, is what happens when the s strikes your skin:

Ultraviolet light at wave lengths of 3,000 to 4.

2. Where is nursing headed as a profession?

John Allen Krout, PH.D., vice president of Columbia University, interpreted the basic mood of the convention in an opening speech. A "note of disquiet," he said, was apparent in the deliberations.

Nurse-leaders, one after another, proved Dr. Krout's analysis was correct by the tone of

angstroms starts to oxidize the melanin (pigment) in the epidermis. Some of the ultraviolet in this range also causes melanin granules to disperse, or scatter. At the same time, ultraviolet at shorter wave lengths (2,800 to 3,100) stimulates production of new melanin.

Oxidation occurs within a few hours after exposure. Dispersion takes several days. New melanin appears after forty-eight hours and reaches a peak in about nineteen days.

Your tan results when the oxidized melanin turns brown (or black) and spreads out. As more melanin is produced, oxidized, and dispersed, your tan becomes darker.

For most tan-seekers, commercially available sunscreens containing para-aminobenzoic acid provide excellent protection, says Dr. Knox. Such preparations screen out much of the harmful ultraviolet while permitting the passage of pigment-darkening rays. But for people who freckle, who have chloasma, or who wish to sun-bathe without tanning, he suggests a preparation that contains benzophenone.

Fair-skinned persons who are chronically exposed have the highest incidence of skin cancer, he says. For them he recommends limited exposure and regular use of sunscreens. END

their speeches and committee reports. Here are several examples:

▶ On economic security for the nurse:

"Nurses have been excluded, exempted, rejected, and otherwise discriminately treated with respect to most of the social and labor legislation which has marked some of the most significant changes in the American social system since the Thirties," said Miss Matilda Young of the Committee on Economic and General Welfare. "Our organization, whose purposes are directed toward high goals of *human betterment,* should set the *same* high goals for its members."

Not Enough Humility?

Said Mrs. Anne Zimmerman, chairman of the same committee: "I cannot see how we can fulfill our obligation . . . to promote the physical, spiritual, and emotional good health of the citizens of the world if we have not enough humility to acknowledge the economic poor health of the nursing profession and continue to speak out courageously . . . to improve it."

▶ On relations with practical nurses:

"Among the inescapable functions of today's professional nurse," said Elsie Palmer, assistant director of nursing education for New York City's Department of Health, "are those of teaching, supervising, and directing nonprofessional personnel . . . [but] by and large, professional nurses are not prepared to assume . . . [these] high-level responsibilities . . .

Tied to the Past?

"If nurses are going to be teachers and managers . . . they must accept the fact and bring this feeling and attitude in line . . . Nurses need to free themselves from ties with the past."

▶ On nursing education:

"Not until we break away from this heritage of 'service for education' and nursing education becomes a part of our general educational system will we solve some of [our] major difficulties," warned Mrs. Margaret B. Dolan, the A.N.A.'s newly elected second vice president.

Referring to the hospital-school she continued: "When the clinical experience of the student is geared to meet the service needs of the institution, the educational objectives of the student

are frequently disregarded . . . If nursing is to achieve professional status . . . it must establish its educational foundation in institutions of higher learning . . . [The program in such institutions] includes the science and art of nursing in direct patient-care as well as the functional activities of planning, directing, educating, and supervising nursing personnel . . .

"How do we account for the slow progress [toward the collegiate program]? Is it because the majority of nurses have not

---

legal pointer

QUESTION: *If an anesthesiologist or a surgeon asks a nurse-anesthetist to write preoperative anesthetic orders, may she legally do so?*

ANSWER: No. The writing of orders for patient-care is beyond the scope of registered professional nursing service. It's *always* the exclusive province of medicine.

Some hospitals have standing orders for anesthesia used in obstetrics, originated by the chief anesthesiologist or the appropriate medical committee. In this situation a nurse-anesthetist, working under an anesthesiologist, may follow such orders. She then records that she rendered preoperative care or administered the anesthetic according to the pertinent standing order.

Some states prohibit nurses from administering anesthesia *under any circumstances*. If you're not sure of your state's law in this respect, you'll be wise to check.

DO YOU HAVE A QUESTION *about some legal aspect of nursing? If so, send it to William A. Regan,* LL.B., *care of* RN. *He'll select questions for reply on the basis of their general interest. None can be acknowledged or returned.*

accepted this recommendation? . . . The majority . . . in practice today have not been educated in . . . primarily educational institutions . . . Therefore, our background makes it difficult for us . . . to accept this change . . . It takes courage, a dedication of purpose, and belief in the future of our profession . . ."

▶ On professionalism:

"One of the important criteria of a profession is that it have autonomy," said Miss Josephine A. Brandt, director of nursing at Lutheran Hospital, Moline, Ill. "Until a group is sufficiently mature that it may be considered by the public, allied groups, and other professions to be capable of making decisions which will be safe for its members and for the public, it is not truly a profession."

▶ On the role of the A.N.A.:

"We must dare," said A.N.A. President Matilda Scheuer, "to stand up and be heard on what we believe to be right for our patients and our nurses."

* * *

As Dr. Krout had anticipated at the opening of the convention, a "note of disquiet" is very much evident in the preceding statements and in many others. *RN* finds this disquiet, or dissatisfaction, to be progressive and heartening. For dissatisfaction with things as they are often leads to action.

What They're Asking

These nursing leaders, it seems to us, are posing two questions: (1) Do nurses as a group *really* want economic security and professional advancement —both of which require united effort? (2) Or are they content simply to complain about conditions but take no action to change them?

There are signs, we believe, that more and more nurses are now of a mind to work for economic security and professional advancement. Let's look at a few minus-and-plus facts about areas the A.N.A. speakers stressed:

▶ Economic security:

Minus. Here the A.N.A. has so far been relatively unsuccessful. Only about half the state nurses' associations have set up standing or special committees in this area. In 1959, fewer than 10 per cent of the membership benefited from state economic security programs.

Plus. In the states where ag-

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Drugs for Fungal Infection

By Morton J. Rodman, PH.D.

Fungal infections are notoriously hard to cure. Even the "wonder drugs" of the past two decades have been ineffective against them. In fact, use of these antibiotics, so successful against bacterial diseases, has actually caused an increase in fungal infections.

But, in the past year or two, several drugs have been discovered that seem able to stop the fungal invaders. If these agents live up to their early promise, we may soon see the successful treatment of many fungal diseases never before controlled by drugs. Three antifungal antibiotics head up the list:

- Griseofulvin (Fulvicin, Grifulvin), a substance produced by molds of the same group that gives us penicillin. This drug has the greatest potential usefulness.
- Amphotericin B (Fungizone), a yellowish chemical first extracted from a mold found growing in a soil sample from South America.
- Nystatin (Mycostatin), an antibiotic isolated from molds of the streptomyces family.

Griseofulvin attacks fungi that cause 95 per cent of the skin infections. Introduced only a year ago, it's now hailed as the drug

THE AUTHOR *is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N.J.*

of choice for combating dermatophytes.

These are tiny parasitic plants that live in the keratin layer of the skin, nails, and hair. By anchoring themselves among the hard, scaly cells, they often cause long-lasting conditions like athlete's foot and ringworm.

Such conditions aren't dangerous. But they can cause severe itching. Scratching can then lead to serious secondary infections. Occasionally, as in scalp ringworm, the infections become ugly and disfiguring, causing embarrassment and limiting a person's social activity.

How They Work

Traditionally, fungal infections are treated by smearing various salves on the skin. These contain, among many ingredients, keratolytic chemicals and antifungal agents. The keratolytics make the infected keratin layers peel off. The other chemicals then help prevent further spread of the remaining fungi to uninfected areas.

Applied in this way, the older antifungal agents work best in the early stage of an acute infection. Once the fungi are deep into the hard, protective keratin, they're pretty much immune to such treatment. So, failures are frequent in chronic cases—especially when the hair and nails are involved.

But griseofulvin is seldom applied as a salve. It's taken by mouth in tablet form. After entering the blood stream, it's deposited in the living epithelial cells, below the growing fungi. There it stays as the keratin layers harden and die.

Its presence acts as a barrier against further fungal growth. For the tips of the probing fungi seem to curl up and lose their penetrating power when they come in contact with the antibiotic. Thus fortified, the healthy epithelial cells continue to grow, pushing the infected tissues before them. Finally, the fungi are shoved to the surface, where they're shed.

In ringworm of the smooth skin, this action takes only a week or two. Infections of the hair or of the thick, callused skin of the palms and soles take longer to clear. And ridding the hard, horny fingernail- and toenail-tissues of fungus may require many months of treatment.

Fortunately for patients on long-term therapy, griseofulvin

seems to be an especially safe drug. No signs of damage to liver, kidneys, or bone marrow have developed. Side effects have been mild and few, and allergy has been rare—though one penicillin-sensitive patient is reported to have suffered a severe reaction. So, some dermatologists suggest patch testing; others, periodic blood testing during prolonged treatment.

Doctors are still experimenting to find out (1) the best ways

Antifungal Drugs

Entries on this list start with the official or generic name of each drug, followed in parentheses by the trade name(s) and/or synonym(s).

NEW ANTIBIOTICS

Amphotericin B, N.N.D. (Fungizone)
Griseofulvin (Fulvicin, Grifulvin)
Nystatin, N.N.D. (Mycostatin)

CHEMICALS FOR TOPICAL APPLICATION

Acetpyrogallol (Lenigallol)
Ammoniated mercury, N.F.
Anthralin, N.F. (Cignolin, dihydroxyanthranol)
Benzoic acid, U.S.P.
Boric acid, U.S.P.
Caprylic compound (Naprylate)
Carbofuchsin paint (Carfusin)
Chlordantoin (Sporostacin)
Chlorquinaldol (Sterosan)
Coparrafinate, N.N.D. (Iso-par)
Diamthazole dihydrochloride, N.N.D. (Asterol)
Hexetidine, N.N.D. (Sterisil)
Methylrosaniline chloride (gentian violet)
Phenol, U.S.P. (carbolic acid)
Potassium permanganate, U.S.P.
Propionate-caprylate compound (Sopronol)
Rescorcinol, U.S.P.
Salicylanilide, N.F. (Ansadol, Salinidol)
Salicylic acid, U.S.P.
Sodium caprylate, N.N.D.
Sodium thiosulfate (sodium hyposulfite, hypo)
Thymol, N.F.
Triacetin, N.N.D. (Enzactin, Fungacetin, glyceryl triacetate)
Triclobisonium chloride (Triburon)
Undecylenic acid, U.S.P. (Desenex)
Zinchlorundesal (Salundek)
Zincundecate (Undersol, Veltex)

to give griseofulvin and (2) what other infections it will combat. Some have reported good results from applying griseofulvin topically in cases of athlete's foot. Others have tried injecting high doses into victims of serious fungal infections such as blastomycosis, histoplasmosis, coccidiodomycosis, and cryptococcosis. But griseofulvin hasn't helped much in these cases.

The first really successful drug against the dangerous fungal diseases seems to be amphotericin B. Injected intravenously or directly into the spinal fluid, it has saved victims of a previously fatal form of cryptococcal meningitis. Blastomycosis and histoplasmosis of the lung have also yielded to this drug.

Before the advent of amphotericin B, the treatment of these

This Nurse Climbed

TRAINING LOCAL GIRLS *as aides is part of Miss Leif's work at the mission. She also teaches skills that help in health care. This is a sewing class.*

"disseminated" mycotic diseases (i.e., fungal infections that spread to the lungs, heart, and brain) was unsatisfactory. Despite the administration of many kinds of highly toxic antifungal chemicals, few patients survived for long.

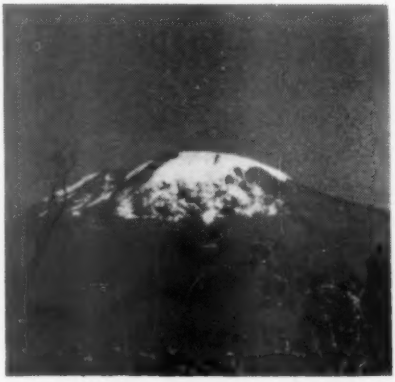
Amphotericin B is itself potentially toxic. It often causes chills and fever, headache, nausea, and gastrointestinal cramps. If injected in too great a concentration, it can cause painful inflammation of the veins—even blood clots. Great care is needed to avoid kidney damage.

But doctors feel that these risks are worth taking. For when given under close clinical supervision, amphotericin B has often saved patients who would otherwise have died.

Continued on page 60

Kilimanjaro

When Elizabeth Leif, R.N., of Quincy, Mass., joined the staff of the Machame Lutheran Mission in Tanganyika, Africa, she found herself living a mile up the slope of famed Mount Kilimanjaro. Above her towered majestic Kibo peak, the highest point in Africa.



She longed to climb Kibo (elevation 3½ miles). Then one day she got a chance to join a party of climbers. As they toiled upward, she kept adding clothing to keep warm. Finally she was wearing three pairs of dungarees, nine sweaters, a jacket—and a pair of "longies" underneath!

On the fourth day, within a half mile of the top, one of the party became violently ill. That ended the attempt. But, she says, she'll try again. END

They Work in A Hospital for Medical Research

In this visit to one of the world's largest research centers, you'll learn how nurses help to advance the frontiers of both medical and nursing science

BY PATRICIA D. HORGAN, R.N.

"Keen powers of insight and observation, lots of patience, and a passion for accuracy: these are some of the qualities that a good research nurse needs."

The speaker was Josephine O'Connor, assistant to the chief of the nursing department at The Clinical Center in Bethesda, Md. I had gone to Bethesda to learn exactly what part nurses play in the important medical research conducted there. Miss O'Connor was taking me through the hospital. We were walking down a corridor as she talked.

At that moment a crisply tailored nurse came toward us, pushing a toddler in a stroller. She gave us a warm "Good morning." The baby flashed a happy two-toothed smile.

"She's probably taking him for a stroll on the grounds," said Miss O'Connor. "We try to give our patients of all ages the attention and human warmth that they need. This helps the patients and it also helps our research people. As you can well understand, happy and confident patients make better research

subjects than do unhappy discouraged ones."

Everywhere in this 516-bed hospital, nurses are dedicated to providing optimum physical and emotional nursing care, just as nurses in other hospitals are. But what makes nursing different at Bethesda, I soon discovered, is this:

Each procedure or observation is done *with intensive attention to detail.* If necessary, it's even checked by another R.N.

"One of our chief nurses will tell you about this phase of our work," said Miss O'Connor. "Now, is there anything you'd like to know about our organizational set-up?"

"What's your relationship to the National Institutes of Health?" I asked.

How It's Organized

"As you know, the N.I.H. is the research arm of the U.S. Public Health Service. It conducts research into diseases and disabilities of many kinds. It also supports research in universities and other institutions all over the country through its grants programs.

"There are seven institutes, all located here. They're concerned with cancer, the heart, mental health, arthritis and metabolic diseases, allergy and infectious diseases, neurological diseases and blindness, and dental research.

"Each institute has its own scientific and medical staffs and its own laboratories. The Clinical Center provides the hospital and nursing facilities for clinical study and additional laboratory space for the institutes."

"Are the patients in separate services in the Center?"

"Yes. We have a cancer service, heart service, and so on. Each service has a chief nurse who's responsible to Miss Ruth L. Johnson, our chief of the nursing department."

"Are your nurses under Federal Civil Service?"

"All except those who are P.H.S. officers. The officers hold commissioned ranks and receive benefits comparable to those of Army and Navy nurses."

A Team Set-Up

Miss O'Connor paused as we entered an elevator. "We're going to the cancer service," she explained. "There Mary Louise Burgess, chief nurse of the service, will tell you how nurses

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SHARING INFORMATION *and observations with their professional colleagues, these research R.N.s take part in one of the frequent project conferences held at The Clinical Center of the National Institutes of Health.*

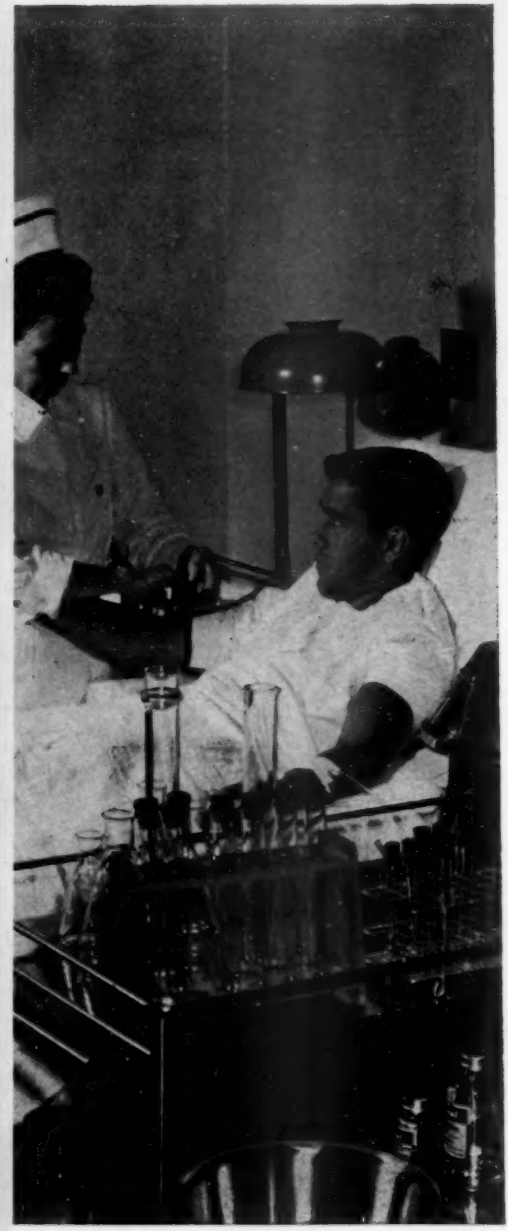
serve on the various research teams."

We came out of the elevator near a patients' solarium on the south side of this fourteen-story, air-conditioned building. From the solarium, I could look out over sunny, wooded acres that stretched off toward Washington, D.C., a half hour's drive away. Miss Burgess joined us.

"For each study," she explained, "the doctor in charge (called the senior investigator) prepares a protocol, or outline. Then personnel who have been selected to work on the study meet with him.

"These include all the unit's nursing personnel—R.N.s, P.N.s, and aides. (Our aides are men. We call them and our P.N.s nursing assistants.) Usually, the dietitian and the social worker also attend the meeting.

"The investigator explains the purpose of the study and what part each group will play. Then we ask questions. Thereafter, these people meet regularly to exchange information and plan each step of the study." *More*▶



EXPLAINING A COMPLEX TEST *of the kidneys' functioning, this research nurse helps to establish a climate in which the patient will gladly cooperate in such tests without fear.*

"Just how does the research nurse's work differ from general nursing?"

Miss Burgess thought for a moment. "Mostly in *detail,* I'd say. For instance, consider our drug-administration procedure.

"In cancer research we often administer experimental drugs. Now, in the usual hospital situation a medication error may endanger a patient. This is serious in itself. But here a second hazard is added. If one of *our* nurses makes an error, she may hold up or completely ruin a carefully planned study, thus causing thousands of dollars to be wasted.

"So, to help avoid errors, one R.N. makes out each medicine ticket, a second checks it, then both sign it. For oral drugs, we sometimes indicate, in addition to the prescribed dosage, the size, color, and number of tablets to be given. No equivalent substitutions are allowed (for example, giving two small tablets instead of a large one). This

WEIGHING BECOMES A CHALLENGE *when accuracy is paramount. Here a research nurse weighs a metabolic-study patient. Note that she calculates to the exact gram. (The weight of the tagged robe the patient wears at each session has previously been checked and recorded.)*

GIVING PERSONAL WARMTH *and attention to a tiny patient is one of the satisfactions of a research nurse. There's no age segregation in the Center's nursing units. So the R.N. must be able to meet the emotional needs of patients of all ages.*

helps the nurse to tell at a glance that she has the right dosage. Also, the patient can see that he's getting his usual medicine and is less likely to become upset.

"No one except an R.N. may pour and administer medications. Before each administration, she checks the medicine ticket against the card file. To make sure each dose is given exactly at the time ordered, the patient receives a copy of his schedule. He's told to call the nurse if he hasn't received his medicine by ten minutes past the scheduled time."

Does It Hamper Nurses?

I thanked Miss Burgess for her information. We then started to the heart-service unit. On the way, I said to Miss O'Connor: "Now I understand your comment that a research nurse needs to have a passion for accuracy. But doesn't she sometimes get so involved in checking and cross-checking that she forgets to treat her patients as *people?*"

Miss O'Connor smiled. "I think Mildred Crawley, chief of the heart nursing service, will be glad to answer that question for you."

Miss Crawley had this to say: "Nurse-patient relationships are actually closer here than in most hospitals. For one thing, our patients are with us for a longer period—sometimes as long as three months. So there's more opportunity to build close relationships than there is in a general hospital."

Its Effect on Patients

"But," I objected, "it seems to me your patients would feel as if they were being used—well—as research guinea pigs!"

Miss Crawley shook her head. "Quite the contrary. Many patients, such as those with heart defects, come here for surgery because we have the best equipment and an excellent staff. And many of them are cured. Others come because they're willing to take part in research that may lead eventually to cures for their diseases.

"They come from all over the world. They're referred to us by their doctors. We select for admission only those whose illnesses are specific to studies that are planned or in progress. There's no charge for hospitalization or nursing service, of course.

"In addition to these patients, we have a special group that you

probably haven't heard about. They're perfectly healthy people who voluntarily serve as 'normal patients.'

"Most of them belong to church groups that emphasize service to humanity.

"Some take part in tests and procedures that help our re-

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Comfort Your Postpartum Patient!

BY MARY L. LAUBER, R.N.

Sometimes we OB nurses forget that psychologic support may be as important to our postpartum patient's recovery as the nursing techniques we so carefully observe. Here's why:

In bringing her child into the world, the mother puts forth a unique effort. Emotionally, she needs appreciation for what she's done.

In prehospitalization days, her family gave her this appreciation. They showed it by praising her and attending to her comfort.

Today we OB nurses substitute for her family. As our first concern we check her blood pressure and the condition of her uterus. Then we guard over asepsis, and see that she observes early ambulation. What else can we do?

First, we can praise her and her baby at every opportunity. Such praise satisfies a deep psychic need.

Second, we can stop by her bedside and show concern for her comfort. We can encourage her to talk about her aches and pains—and not act as if she shouldn't have any. If she feels weak, we can reassure her by checking her blood pressure, even if it isn't checking time.

Besides providing comfort and support, such attention helps to head off possible complications. END

Answering Your Questions About Hypertension

BY DIANE SEIDE, R.N.

Today some 8,000,000 Americans—including nurses and members of their families—suffer from hypertension. So this disease is of more than professional interest to the nurse. Even if it doesn't affect her personally, she still wants to know as much about it as possible so she can help reassure hypertensive patients, relatives, and friends.

The trouble is, hypertension is extremely complex. There are conflicting opinions on causes and treatment. And the many methods used to diagnose and treat it cause further confusion.

For example, suppose you've just taken a job as an office nurse. On your first day, two patients visit the doctor. You take the blood pressure of the one, an overweight teen-age girl, and find that it's 130/100. The pressure of the other, an elderly man, is 150/110.

You know that normal pressure may range from about 90/60 to 140/90. So you may assume that the girl has little to worry about but that the man obviously has hypertension.

But what happens? The doctor studies the records of the girl's previous visits, including her medical and family histories

Then he cautions her to stick to the diet she's on, prescribes a drug, and tells her to return in two weeks. After she has gone, he remarks, "She's certainly young to have primary hypertension."

What about the elderly patient? The doctor listens to his heart, checks his laboratory reports, then does a cardiogram.

"You're making a fine recovery," he tells the patient. "Unless you get dizzy spells, you don't need to come back for a month."

Do you know the reasons behind this doctor's actions? Why he knew the girl had primary hypertension? Exactly what primary hypertension is? What probably was wrong with the elderly patient?

Rather than answer these questions now, let's look at some up-to-the-minute information about hypertension. (We'll return to our hypothetical patients later.) The following questions and answers will help you to better understand what hypertension is and how it's diagnosed and treated:

▶ Exactly what does the term *hypertension* mean?

When you take a patient's blood pressure, you measure the tension that the blood exerts against the wall of the brachial artery. You check this for two conditions: when the heart is in systole (contracting) and when it's in diastole (at rest). In each instance, the tension (or pressure) exerted by the blood holds the mercury in the manometer at a certain level, and you get your readings.

Systolic pressure of 90 to 140 and diastolic pressure of 60 to 90 are considered normal. If either one exceeds the higher figure, the patient has *hyper* (excessive) tension. If either is below the lower figure, he has *hypo* (deficient) tension, or low blood pressure.

▶ Which is more significant, systolic or diastolic hypertension?

Diastolic, for it indicates that

THIS ARTICLE *was prepared with the help of George A. Perera,* M.D., *Professor of Medicine, and E. Gurney Clark,* M.D., *Professor of Epidemiology, College of Physicians and Surgeons, Columbia University.*

the pressure is high even when the heart is at rest—thus pointing to a probable abnormality.

▶ Is hypertension merely a symptom, indicating harmful pathologic changes, or is it a disease in itself?

It can be a symptom, or a disease, or both a symptom and a disease! This is why it's difficult for the layman to understand.

As a *symptom,* it points to physiologic changes that may be temporary or permanent. For instance, a hypertensive reading may simply mean that the force and rate of the heart beat have gone up temporarily (as when you exercise). It may mean that the fluid part of the blood has increased, thus requiring more pressure to pump it through the arteries. Or it may mean just the opposite: that the number of blood cells have increased, making the blood thicker and so requiring more pressure to pump it along.

It may mean that the arteries are losing their elasticity. Or that some of the endocrine glands are pouring out more secretions than normal, or less than normal, thus causing the heart to speed up or the vessels to contract.

Finally, it may indicate that

My Most Unforgettable

Her radiant smile showed no trace of anxiety over the fearful possibility she faced.

Once before, cancer had hospitalized this wispy little gray-haired spinster. Two years back, she'd had a bilateral mastectomy. Now, at 60-plus, she was facing surgery for a suspicious lump in her neck.

As I prepped her, she chatted cheerfully—not about herself but about those dear to her: a brother and two sisters, all in distant states . . . Finally the time came for her pre-op injection.

THIS ARTICLE *has won an* RN *Award for its author, a Doylestown, Pa., nurse.*

some serious permanent change has occurred—for instance, hardening of the arteries, diseased kidneys, or a tumor of the adrenal glands.

▶ What's the difference between *primary* and *secondary* hypertension?

Primary (also called *essential*) hypertension is the disease most people refer to as high blood pressure. It usually starts with continuous, partial constriction of the arterioles. This shows up through a persistently high diastolic pressure.

Secondary hypertension is so called to indicate that the elevated pressure stems from a known cause—for instance, from nephritis, or some adrenal overactivity, or the toxemias of pregnancy.

▶ What is meant by the *accelerated* form of hypertension?

The *accelerated form* (also called *malignant*) is more serious than primary. Many pathologic changes take place, often involving the kidneys.

Primary usually shows up in the thirties. It may occur earlier or later, but seldom after age 50. It affects twice as many women as men. In contrast, the rare accelerated form may strike at any

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Patient

BY R. CLAIRE DRAYTON, R.N.

"Before I go to sleep," she said, "I want to ask a favor. In my bedstand drawer you'll find postcards addressed to my brother and sisters. When you get the word from the doctor, write *Yes* on each if the lump is what we think it is—or *No* if I'm all right. Then mail them, please. That's all. Now you can stick me with that wicked-looking needle."

Dear little old soul! . . . I've never seen greater courage!

Hours later, I got "the word from the doctor": *no evidence of malignancy*. What a thrill it gave me to write a big, bold NO on each of those cards! END

time in life. But it's most common at age 40. It's more prevalent among men than among women.

▶ What causes primary hypertension?

There are two theories. The first says that a predisposition to hypertension is inherited, just as diabetes is. The second says that the disease is caused by unknown metabolic or biochemical factors. These factors may be influenced by heredity or may be initiated by the external environment.

The Role of Emotions

▶ What about the emotional make-up of a person, and the pressures he works under? Are these major factors in hypertension?

Emotional make-up and stress *do* play some part. But most authorities say they're not nearly as significant as is popularly believed.

An anxiety-provoking situation may help bring about intermittent hypertension in some people. So psychotherapy may be prescribed. But, say many specialists, this simply helps to relieve the upset patient. It doesn't significantly reduce the blood pressure or effect a permanent cure.

▶ Are there other contributing factors?

Overweight aggravates the disease. So, apparently, does excessive salt. (In Japan, for instance, the diet includes considerable salt. This is thought by many authorities to be one of the causes for Japan's excessive hypertension rate.)

The Symptoms

▶ What are the symptoms of primary hypertension and of the accelerated form?

A third of the people affected with primary don't have any symptoms at the time their increased blood pressure shows up. Later, they may develop dizziness and persistent headaches, feel irritable and jumpy, and tire easily.

Patients with the accelerated form have persistent, violent headaches, nausea, and sudden attacks of blurred vision. These become increasingly severe and, if untreated, lead to convulsions and coma. The brain may swell, bringing on a crisis called hypertensive encephalopathy.

▶ Does primary hypertension usually become accelerated?

Not necessarily. People so afflicted vary greatly. Some authorities say that only 1 per cent of primary hypertension patients develop the accelerated form.

But even with proper management, primary hypertension may gradually cause hardening of the arteries and their lining, and enlargement of the heart. The eyes, brain, and kidneys may finally be affected. The patient may die in his fifties of a stroke or a heart attack.

▶ What's the treatment for primary hypertension?

The milder antihypertensive drugs may be prescribed, depending on the patient's condition.

Usually no restrictions are placed on the patient's activities. But patients who earn their living by hard physical labor and those who take part in strenuous sports (such as tennis, for instance) may be advised to change to easier work, or to eliminate the sports.

Placing the patient on a severe rice or low-salt diet, once favored, is now frowned on by most

"The ways are sundry and devious our wonders to perform."

doctors. They say that (1) it's difficult for the patient to stay on such a diet and (2) the procedure causes needless anxiety. Salt intake may be restricted, however.

The Accelerated Form

▶ What's the treatment for the accelerated form?

This depends, of course, on the causes and on a patient's condition. For instance, if a patient has congestive heart failure, he'll be put on diuretic drugs and restricted to less than a gram of salt daily. If he suffers from hypertensive encephalopathy, magnesium sulfate may be given to control convulsions. Or blood-pressure-reducing agents may be used.

▶ What about surgery?

In the accelerated form, some doctors advise removal of certain sympathetic nerves to stop the development of renal impairment. The procedure isn't unduly risky, but it's seldom used on elderly patients. It may produce hypotension and some uncomfortable complications.

Opinion is widely divided as to surgery's effectiveness. Some say that it doesn't prolong the patient's life. But others say that it lengthens the lives of a third of their patients by five years or more.

▶ What can the nurse tell the hypertensive patient who asks about his condition?

Situations vary so widely that only two principles apply in most cases.

First, it's best *not* to tell the patient what his blood pressure is. Most changes recorded during check-ups aren't significant. But when the patient knows about them, he may wrongly assume that he's getting worse and become discouraged. Or, he may assume he's getting better and then neglect the regimen that's been set for him.

There's Hope

Second, you can assure the long-term patient that drug therapy often brings excellent results and that it's constantly improving.

One doctor tells of a patient whom he started on a certain drug. By the time this drug no longer helped, a second had come along. Then a third was developed. By giving these three drugs, the doctor was able to keep the patient's blood pressure

Continued on page 64

You Can Help
To Reduce Food-Poisoning

BY GAIL M. DACK, M.D.

Many people think food-poisoning is caused by obviously spoiled foods only. Actually, of course, foods that show no signs of spoilage may also harbor toxin-producing or infection-producing bacteria. And, in warm kitchens—or elsewhere during the summer months—these bacteria have more chance to increase.

Friends and neighbors often ask the nurse's advice about health matters. So she's in a strategic position to help minimize the ever-present danger of food-poisoning.

Here are some of the facts that you, as an R.N., will want to bear in mind when answering a layman's questions:

▶ Major causes and symptoms.

Staphylococcic poisoning is the most common cause. The bacteria themselves are harmless if eaten. But by growing in food, they may produce a poison (enterotoxin) that causes nausea, vomiting, cramps, diarrhea, and prostration, ranging from mild to acute.

Symptoms appear within one to six hours after ingestion (two and a half to three hours is average). Death, though rare, may occur in very young children or in debilitated adults.

Salmonella infection, caused

THE AUTHOR is *Professor of Microbiology and director of the Food Research Institute, University of Chicago.*

directly by the bacteria themselves, is less common but may be more serious. (In one outbreak of 1,800 cases, eleven fatalities occurred.) Symptoms include abdominal pain, vomiting, diarrhea, chills, fever, and prostration.

Illness may start within seven to seventy-two hours and last for many days. In severe cases, complications may develop, including one or more of the following: toxemia, thrombosis, thrombophlebitis, arthritis, pyelitis, osteomyelitis, and—in young children—meningitis.

Botulism is rare but serious. Its mortality rate is about 65 per cent. It commonly comes from heat-resistant spores that grow and produce toxin in low-acid, home-canned foods. (The spores themselves are not poisonous.)

Symptoms include double vision; shock; and difficulty in speaking, swallowing, and breathing. Incubation takes from two hours to eight days, with one to two days the average. Death results if the respiratory muscles become paralyzed.

▶Common sources of poisoning and safeguards.

Staphylococci are everywhere. So it's impossible to protect foods from contamination—especially during handling. They grow in ham and poultry, and in some commonly unsuspected foods such as cheddar cheese, cream-filled pastries, potato salad, and milk.

They need only five to seven hours of warm temperature to produce enterotoxin. Careful refrigeration prevents their numbers from increasing to dangerous levels.

Salmonellae are common in the intestinal tracts of some animals. They're usually transmitted to humans through contaminated foods—for example, packaged foods that contain commercially processed eggs. (Many Salmonella serotypes have been found in poultry.) Thorough cooking and proper refrigeration are the needed safeguards.

Clostridium botulinum, types A and B, grow in canned meat products and produce gas in the product and a putrid odor that's easily recognized. Not so easily recognized is their growth in home-canned vegetables that weren't properly cooked during canning. Such vegetables (string beans and beets, for example) should be tested for off-odor or off-flavor before serving, even

hough they may have been re-
rigerated.

▶Therapy.

In any case of suspected food poisoning, you'll want to call the doctor at once. (If the patient has botulism, early treatment may mean the difference between life and death.) Whatever you can do to help determine the probable source of poisoning will aid the doctor in making his diagnosis.

For staph intoxication, the M.D. uses symptomatic treatment to overcome dehydration and shock. Patients treated with fluids given parenterally usually recover quickly.

For Salmonella infection, the M.D. may prescribe an antibiotic. (Some antibiotics have proven effective in severe cases.) For botulism, he administers a specific antitoxin, with supportive measures such as enemas, I.V. therapy, and oxygen. END

"Vacation? Well, let's see . . . last year it was on a Thursday."

Drugs for Fungal Infection

Continued from page 41

The third new antifungal antibiotic, nystatin, is especially effective against a pesky yeastlike fungus, Candida albicans. This organism, the cause of candidiasis or moniliasis, doesn't yield to griseofulvin or other antibiotics.

Actually, antibiotics are believed responsible for many monilial infections. For the potent antibacterial agents such as tetracycline and other broad-spectrum antibiotics tend to kill off the bacteria that usually keep Candida in check. Thus, patients being treated with them sometimes suffer from explosive fungal superinfections.

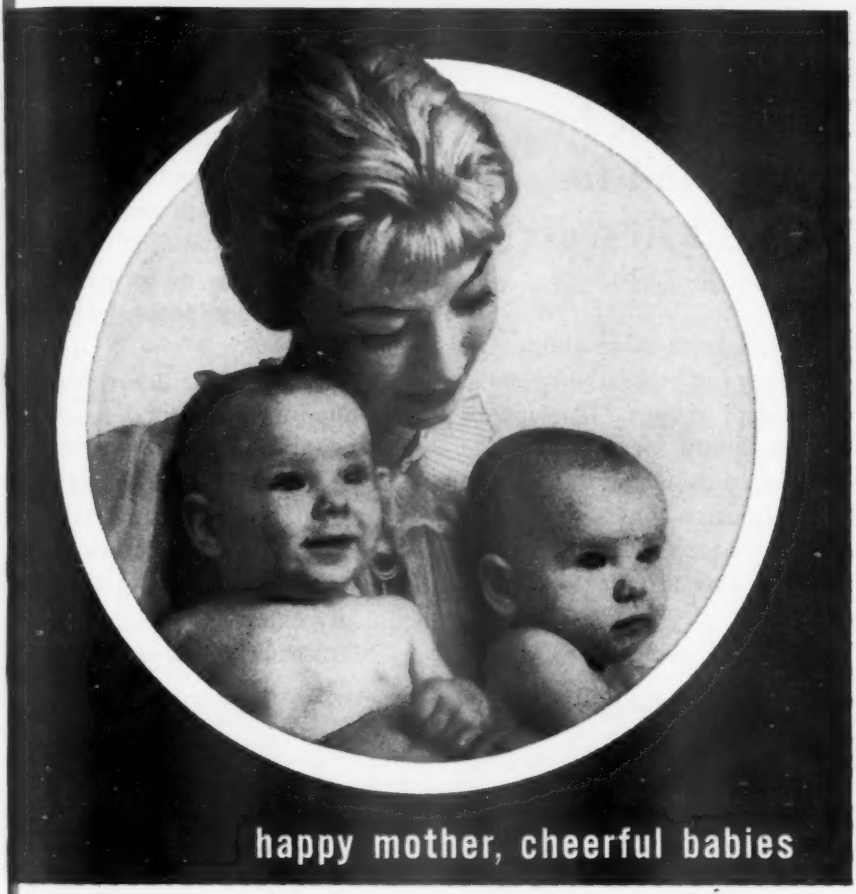
To prevent such infections in the gastrointestinal tract, some doctors prescribe nystatin along with tetracyclines. This helps keep the fungi under control, even when antibacterial drugs alter the normal microbial flora.

When taken by mouth, nystatin is effective only against intestinal infections. To fight fungal growths on the skin, or in the mouth, or in the vaginal tract, nystatin is applied topically in a cream, ointment, suppository, or dusting powder. It works well when thus brought directly into contact with monilial organisms.

A number of new organic chemicals are also claimed effective against vaginal moniliasis. The molecule of one of these, chlordantoin (Sporostacin), is said to have a special shape that helps it penetrate monilial organisms and destroy them.

Other new antifungal chemicals are claimed active against Candida and also against bacterial and protozoan invaders of the vaginal tract. For example, hexetidine (Sterisil) hits both bacterial vaginitis and trichomonal infections, as well as vaginal candidiasis. And triclobisonium chloride (Triburon) is said to have antitrichomonal, antibacterial, and moderate antimonilial activity.

All these recent drugs may mark a turning point in the long battle against fungal infections. Though fungi are a tough and wily enemy, we know that they *can* be controlled with chemicals. And we can expect that even safer and more effective antifungal agents will follow these first drugs before long. END



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They Work in A Hospital for Medical Research

Continued from 49

searchers learn more about normal body functions. Others serve in control groups. This means that they may, for example, take certain drugs or undergo certain procedures so that a researcher can check their reactions against the reactions of patients who are ill."

"Isn't this dangerous?"

"No. And usually it isn't unpleasant, either. But there's one 'hazard' these volunteers face. They do get bored with being confined in a hospital. It's quite a challenge trying to keep them reassured and contented, believe me!"

Before leaving the floor, Miss O'Connor and I visited a unit where studies in cardiodynamics were under way. There we talked to Jane Harsh, nursing team leader. I told her how impressed I was with what I'd seen at The Clinical Center.

"Many nurses," I said, "are

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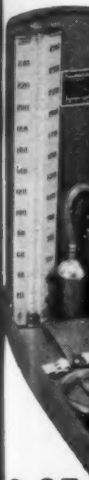

looking for new and challenging opportunities. Do you think the nurse who is interested in making a change would enjoy research nursing?"

"That would depend on her interests and goals," replied Mrs. Harsh. "Some nurses would find research nursing tedious because of the constant checking and rechecking. Others wouldn't like having to take on the heavy responsibilities the research nurse must assume.

"For instance, nurses in this unit must be constantly alert for the earliest symptoms of cardiac failure. They must be ready to report them at once and to act under hurried orders.

"But for the nurse who enjoys close teamwork at the top level, the answer is yes. She would find a unique long-term satisfaction in research nursing. For she would know that every day she was making a contribution—small but important—toward the discovery of new medical and nursing knowledge. She would have the hope that some day others might use this knowledge to help save lives and relieve suffering." END

Answering Your Questions About Hypertension

Continued from page 56

at normal five years longer than expected.

Now let's answer our questions about the hypertensive girl and the elderly patient.

The girl's *diastolic* pressure was consistently high, as shown on this visit and by the records of previous visits. Her records also showed that other members of her family had had primary hypertension early in life. So, after eliminating other possible causes, the doctor arrived at his diagnosis of primary hypertension.

The elderly patient had earlier suffered a coronary occlusion. But he had responded well to drugs and rest. So on this visit the doctor decided, on the basis of the clinical status, laboratory reports, and electrocardiogram, that the patient was truly "making a fine recovery." His blood pressure reading actually was about as low as it could be expected to be for a patient of his age with his arteriosclerotic condition. END

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WHAT'S NEW IN Drugs

This Stops Seizures: A new anticonvulsant called amino-glutethimide *(Elipten)* is reported to control some epilepsy cases that resist other treatment. It has helped patients suffering from grand mal, petit mal, and psychomotor seizures. It works best, say doctors, when combined with other anticonvulsants.

Amino-glutethimide is said to depress excitable motor nerve cells without dulling other brain areas. So drowsiness is reportedly rare. But because skin rashes may develop, doctors are advised to dose patients cautiously—especially patients who have a history of allergy.

Eye-Exam Aid: "Fast action followed by a rapid return to normal" is the claim made for bis-tropamide *(Mydriacyl)*, a new eye-testing drug.

The doctor puts a drop or two of a dilute solution in the patient's eyes. Within twenty minutes, it's said, the pupils dilate widely and accommodation is paralyzed. A few hours later, blurred vision reportedly comes back to normal.

Solutions of bis-tropamide are

claimed nonirritating and not likely to raise intraocular pressure. But when they're used on glaucoma-prone patients, the usual precautions are required.

For Safe Allergy Relief: A new antihistamine isomer called rotoxamine *(Twiston)* appears to have no toxic reactions and few other side effects. According to reports, it seldom causes drowsiness.

Rotoxamine is a purified form of carbinoxamine, a mixture of antiallergy molecules. Studies are said to show that only half the usual dose is required to control drug reactions, allergic skin itching, and symptoms of hay fever.

Fungus-Fighter: A new organic chemical molecule, chlordantoin (*Sporostacin*), is thought to have a special shape that helps it penetrate the fatty membrane of fungal cells. Some doctors say it's especially effective against Candida albicans, the yeastlike organism causing monilial infections.

Applied as an odorless white cream, chlordantoin reportedly relieves symptoms of vulvovaginal irritation resulting from moniliasis.

It is also used to help overcome fungal overgrowths that may occur when broad-spectrum antibiotic treatment alters the normal bacterial flora of the vaginal tract.

—MORTON J. RODMAN, PH.D.

The A.N.A. Convention and What It Means

Continued from page 36

gressive, participating members have strongly pushed the economic security programs, they've made substantial improvements in wages, hours, and working conditions.

▶ Relations with practical nurses:

Minus. In hospitals under certain types of administrators and nursing directors, there is still constant friction between R.N.s and L.P. (or L.V.) N.s. Some R.N.s are still resentful when they must give up some areas of direct patient-care to non-professional workers.

Plus. Monthly readership surveys by *RN* show that (1) there's a constantly increasing interest in and demand for in-service training of many kinds; (2) more nurses read *RN*'s monthly articles on nursing procedures than those of any other category. These two facts suggest that nurses today *are* interested in

preparing themselves, as Miss Palmer suggested, "to assume the high-level responsibilities of directing and guiding allied nursing personnel."

▶ Nursing education:

This area (and that of professionalism) can't be evaluated in a simple minus-plus manner. *RN*'s editors recognize that there are many thoughtful, mature nurses who believe that the graduate of the three-year diploma school is best prepared to give superior patient-care, and who deplore what they consider the baccalaureate nurse's preoccupation with supervision, teaching, and administration.

Such difference of opinion, we believe, is inevitable and wholesome. But we also think that when, as Mrs. Dolan recommended to the A.N.A., college education for nurses "includes the science and art of nursing in direct patient-care as well as the functional activities of planning, directing, educating, and supervising nursing personnel"—then *all* nurses will welcome the resulting upgrading of their profession. The A.N.A. took a broad step in this direction at Miami

Beach when an entire morning was devoted to a panel session on research in nursing: research that actually concerned a *patient,* rather than a time study or a cost analysis.

▶ Professionalism:

True professionalism presupposes constant self-analysis. *RN*'s editors are glad to note that the A.N.A. is taking a close look at itself—not only at its educational goals, but also at how its organizational structure serves those goals.

By dissolving the Committee to Implement the Resolution for One Organization (see page 74) and giving the Committee to Study the Functions of the A.N.A. the task of further investigating its own organizational structure, the A.N.A. has placed the responsibility for working out the best means of representing its membership where that responsibility belongs.

The N.L.N. has appointed a similar committee to examine *its* structure and direction. On this sound basis, the two organizations may be expected to arrive eventually at a structure—perhaps single, perhaps dual—that will represent the best interests of all nurses.

▶ The role of the A.N.A.:

"Dare to stand up and be heard!" President Matilda Scheuer challenged the A.N.A. delegates. It's doubtful if the president of most other professional associations—the A.M.A., for instance—would find it necessary to lay down such a challenge. But that's all the more reason why such a request is an honorable one. And we believe that nurses both within and without the ranks of organized nursing will respond.

Finally, we return to Dr. Krout, whose statement opened this report and the convention.

"The A.N.A. faces a prodigious task, the shape of which it has just begun to see," he told his nurse-audience.

Indeed it does. But nurses know how to face prodigious tasks. Of course, they need to recognize them as such before they're willing to take action. Once that recognition comes—and it's surely well on the way, as this convention indicates—we're confident they'll get at them with the characteristic energy and foresight nurses have always shown.

[*For a summary of convention actions, see pages 72-74.*]

What A.N.A. Delegates Did and

IN THE AREA OF ECONOMIC SECURITY

1. Revised the A.N.A. code to emphasize each nurse's individual responsibility for helping to secure adequate wages, hours, and working conditions:

"The nurse, acting through the professional organization, participates responsibly in establishing terms and conditions of employment." (Item 10, revised Code for Professional Nurses.)

2. Amended the by-laws to conform with the Labor-Management Reporting and Disclosure Act of 1959—a step made necessary because units of the A.N.A. are engaged in collective bargaining:

"All ballots, delegates' credentials, and other records of the election shall be preserved for one year after the election." (New Section 11, Article VII, A.N.A. By-laws.)

3. Resolved to carry on a public-information campaign in behalf of the A.N.A.'s economic security program. The campaign will include efforts to gain the support and cooperation of prominent people and national associations; e.g., leaders in and organizations for health, education, welfare, business, industry, and government. (Resolution introduced by the Michigan State Nurses' Association.)

4. Resolved to step up efforts to obtain compulsory Social Security coverage for nurses "in all types of employment, but without impairment of existing or future pension or retirement plans . . ." (Resolution introduced by the Committee on Legislation.)

5. Heard state nurses' associations urged to "move in the direction of economic good health for the nursing profession" by "eliminating legislative discriminations against nurses . . . to insure, within the next biennium . . . unemployment insur-

ard at Their 1960 Convention

nce on the same terms enjoyed by other employes; workmen's ompensation . . . [and] work standards to insure health, safe- , and working conditions compatible with the present era." Speech by Matilda Young, A.N.A. Committee on Economic nd General Welfare.)

THE AREA OF EDUCATION AND PROFESSIONALISM

1. Accepted (but did not adopt) and referred to the state urses' associations for consideration a report urging promotion the baccalaureate program in nursing:

"To insure that, within the next 20 to 30 years, the education asic to the professional practice of nursing . . . shall be secured a program that provides the intellectual, technical, and cul- ural components of both a professional and liberal education. oward this end, the A.N.A. shall promote the baccalaureate rogram so that in due course it becomes the basic educational undation for professional nursing." (Goal 3, Report of the ommittee on Current and Long Term Goals.)

2. Reaffirmed the A.N.A.'s legislative program in support public funds for nursing education and for mandatory state censing acts by adopting platform planks to:

"Promote state laws that provide for mandatory licensure . . and for the licensure of practical nurses" and "Promote gislation that will provide public funds for scholarships, re- arch, and programs for continued improvement in nursing ducation." (Planks 5 and 6, 1960 Platform.)

3. Directed the A.N.A. to find ways to give "increased prac- cal assistance to state nurses' associations in developing pro-

Continued on page 74

What A.N.A. Delegates Did and Heard at Their 1960 Convention

Continued

grams designed to improve clinical practice." (Resolution introduced by the Oregon Nurses' Association.)

4. Heard announcement of (1) a nation-wide fund-raising campaign by the American Nurses Foundation for $1,000,000 for research in nursing; and (2) the establishment of a Research Professorship in Nursing and Nursing Education by the Alumni Association of the Department of Nursing Education, Teachers College, Columbia University.

5. Resolved to "intensify . . . efforts to bring about a clear understanding of the relationships between the functions and roles of professional and practical nurses in order to insure the most effective utilization of nursing personnel." (Resolution introduced by the Iowa Nurses' Association.)

6. Adopted a legislative report that strongly criticized the American Medical Association and individual physicians for their efforts to alter the A.N.A.'s support for the Forand bill:

"Physicians . . . have implied that nurses cannot make an intelligent decision about a social issue . . . [the A.M.A.] has taken advantage of the close working relationship between members of the two professions and the concept that this relationship is that of master and servant still appears to persist in the thinking and attitudes of many doctors." (Supplemental Report of the Committee on Legislation.)

7. Dissolved the Committee to Implement the Resolution for One Organization, and placed on the Committee to Study the Functions of the A.N.A. the responsibility to continue its study of the A.N.A.'s present and future functions and to bring to the 1962 House of Delegates specific recommendations for any organizational revisions that may be considered necessary at that time. (Action of the House of Delegates.) END

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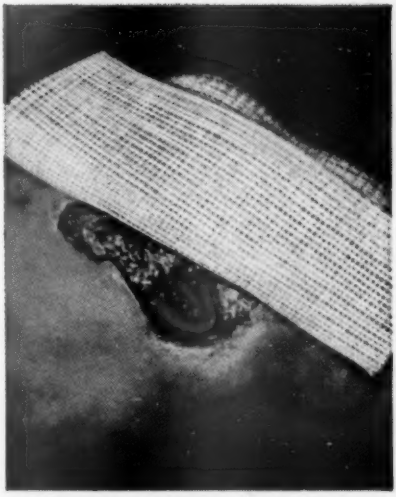

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ANESTHESIA COURSE: The Albany Hospital School for Nurse Anesthetists offers a 12 month course of training in anesthesia for registered nurses. Course begins Sept. 1. Accredited by the A.A.N.A. G.I. approval. For information write Albany Hospital School for Nurse Anesthetists, Albany Hospital, Albany, N.Y.

ANESTHETISTS: (a) Anes. join staff brand new 150 bed hosp., Deep South, to $9000; (b) Responsible for service small clinic, college resort town near Mexican Border, $9000; (c) Join staff new modern surgery; close to Carmel-By-The-Sea, San Francisco, $7000–$8500; (d) Only one on staff, 100 bed Florida hosp. near beaches good opport. RN 7-2, Burneice Larson, The Medical Bureau, 900 North Michigan Ave., Chicago 11, Ill.

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CAREER NURSES: Progressive new mental Hospital, California Civil Service, has several openings, 40 hr. wk., excellent working conditions and employment benefits, attractive promotional opportunities. Registered nurses without psychiatric experience, $376-436. Psychiatric nurse with 1 yr. psychiatric nursing experience or approved graduate study, $395-458. Write: Personnel Officer, Atascadero State Hospital, P.O. Box 1026, Atascadero, Calif.

CLINICAL INSTRUCTOR IN OBSTETRICS AND CLINICAL INSTRUCTOR IN OPERATING ROOMS: For school of nursing with approximately 65 students. Bachelor Degree and supplementary course preferred. Liberal personnel policies. Salary dependent on qualifications and experience. Write Director of Nurses, Walther Memorial Hospital, 1116 North Kedzie Ave., Chicago 51, Ill.

CLINICAL INSTRUCTOR MEDICAL-SURGICAL: School of 184 students. N.L.N. permanent accreditation. Baccalaureate Degree and teaching experience required. Salary range $4,800 to $5,820. Hospital located near University of Pennsylvania. Credits may be taken for half-rate tuition. Apply Director of Nurses, Presbyterian Hospital, 51 North 39th St., Philadelphia, 4, Pa.

CLINICAL INSTRUCTORS IN MEDICAL-SURGICAL: Nursing and Assistant Instructors in Nursing Arts. Large general hospital located in fine residential district. School of Nursing full accredited by the NLN with a student body of 199, educational preparation and experience preferred, salary dependent upon qualifications. Apply Director of Nursing, The Toledo Hospital, 2142 No. Cove Blvd., Toledo 6, Ohio.

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GENERAL DUTY NURSES: New Hill Burton 27 bed general hospital in friendly city, northwest Fla. Starting salary $250 per mo. plus meal, 40 hr. rotating shift, pd. vacation, sk. lv. social security, state retirement system, Blue Cross, regular pay raises. Contact J. A. McDonald, Adminitrator, George E. Weems Memorial Hospital, P. O. Box 469, Apalachicola, Fla.

GENERAL DUTY NURSES: $410 to $450 per mo. 500 bed hospital located 17 miles from Detroit, County Civil Service, good personnel policies including 12 days vacation, 12 days sk. lv., and 11 pd. holidays per year. Apply Director of Nursing, General Hospital Division, Wayne County General Hospital, Eloise, Mich.

GENERAL DUTY NURSES: 135 bed hospital on San Francisco Bay. Rooms available. Opportunity for advanced education in the area. Salary range — monthly — $345 to $390. $20 shift differential, $10 added for experience OB and OR. Director of Nurses, Alameda Hospital, 2070 Clinton Ave., Alameda, Calif.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

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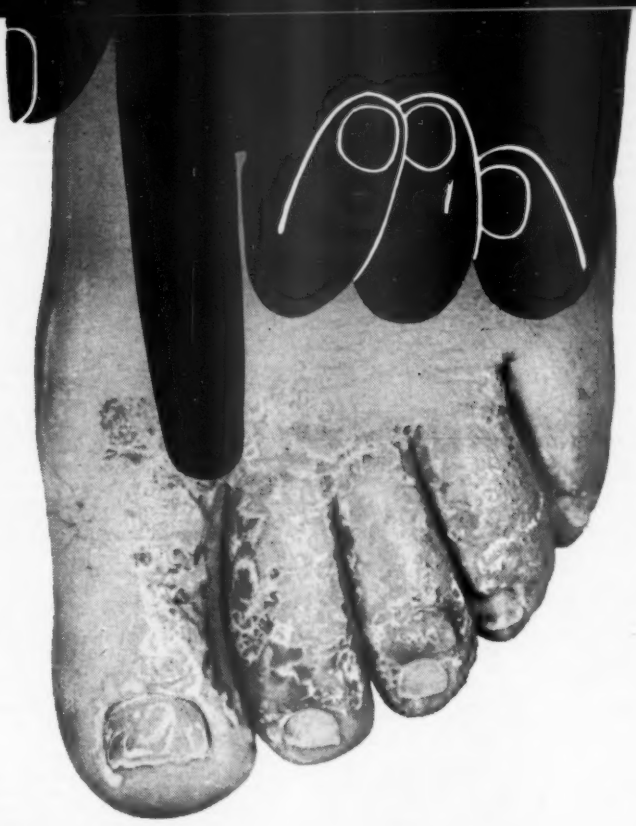

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GENERAL STAFF: $290-$395, Instructor, psychiatric nursing $425-$557, Supervisor, in-service education $385-$450. Apply Personnel Director, Northwest Texas Hospital, Amarillo, Tex.

GENERAL STAFF NURSES: 350 bed hospital; openings on all services; salary $380-425 per mo., rotating shifts; permanent positions on evening and night duty available; 2 wk. vacation after one yr., of service; 6 holidays; 7 sk. days first year, 1 day per mo., thereafter; hospital contributes to Blue Cross coverage. Write: Margaret M. Shurgot, R.N., Director of Nursing Service, 2131 West Third St., Los Angeles 57, Calif.

GENERAL STAFF NURSES: For 185 bed general hospital located on Chicago's Northwest side. Starting salary $346 days, $390 evenings and $368 nights. No rotating shifts unless desired. Liberal personnel policies and fringe benefits, openings available on all shifts in all areas. Must be eligible for Illinois registration. Some apartments available. Write Director of Nurses, Walther Memorial Hospital, 1116 North Kedzie Ave., Chicago 51, Ill.

GENERAL STAFF NURSES: Modern 189 bed hospital 125 miles from New York City, new patient areas opened, all graduate staff, good personnel policies, 40 hr. wk., straight shift, every other weekend. Write Director of Nursing, Mount Sinai Hospital, Hartford, Conn.

GENERAL STAFF NURSES: For Allegheny General Hospital in Pittsburgh. $320 a
opportunities in general medical and surg
pediatrics and obstetrics. Promotion f
within. New 200 bed wing opening soo
835 bed progressive urban general hosp
Ward, semi-private and private accomm
tions. Excellent modern medical facilities.
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28 days vacation plus 6 pd. holidays and
days sk. lv. cumulative to 36 days. Pd. l
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lation programs. Intern and resident train
program. Five accredited Universities, 2 s
day and evening nursing programs. W
schedule consideration for educational p
poses. Many organized cultural activities
adult educational facilities available. Dire
of Nursing, Allegheny General Hospital, Pi
burgh 12, Pa.

GRADUATE NURSES: Positions avail
in August, 1960 in a progressive childr
hospital for nurses who enjoy working w
children. Must be eligible for registration
Ohio. Openings will be in several clin
areas and the operating room. Excel
starting salary and other advantages. A
Director of Nursing, The Children's Hosp
Cincinnati 29, O.

GRADUATE NURSES: General duty for
lege infirmary 45 bed hospital; member
A.H.A.; affiliate of Mary Hitchcock Memo
Hospital in Hanover, N. H. Starting sa
$305. Shift differential $30 for evenings,
for nights. 40 hr. wk.; 10 mos.; Sept. 1
July 1 including 3 wks. vacation. Progres
college community near winter resort a
with recreational and cultural opportuni
Write: Dartmouth College Health Serv
Hanover, N.H.

GRADUATE NURSES: For medical
surgical services, modern 263 bed mid-M
hattan hospital. 5 day, 40 hr. wk., start
salary floor duty $354, evenings $394, n
nights $384, scrub nurse $364. Uniform all
ance & laundry, meals available at low c
annual increases, 4 wks. vacation, 11 h
days, sk. lv. 12 days per yr. cumulat
Social Security, Health Service, opport
ties for special assignments, research n
ing bonuses and post-grad. study. Hou
agent available. Apply Director of Nur
James Ewing Hospital, 1250 First Ave., N
York 21, N. Y.

GRADUATE NURSES: For general duty,
bed general hospital, new air-conditioned, w
modern equipment. Beginning salary $27
mo with differential for eve and night d
and operating room nursing. Good perso

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policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES: Opening of new main building has created attractive positions for staff nurses in medical, surg., obstetric and pediatric divisions of 450 bed non-sectarian acute general hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartments available in immediate neighborhood. Apply Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 E. 105th St., Cleveland 6, O.

GRADUATE STAFF NURSES: 151 bed hospital with school of nursing, situated 3 blocks from Atlantic Ocean. Beginning salary $300, evening duty bonus $20, night duty $30. Apply Director of Nursing, Southampton Hospital, Southampton, N.Y.

GRADUATE STAFF NURSES: Opportunities for men and women on all services including Psychiatry and Operating Room. Well planned orientation program, tuition free courses at University. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range $340 to $375. 3 wks vacation, 6 pd holidays. Follow your impulse and write to: Director Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

GRADUATES: Mercy College of Anesthesiology offers an 18 mo AANA approved course to graduates of accredited schools of nursing. Write: Director, Anesthesia Dept., Mount Carmel Mercy Hospital, Detroit 35, Mich.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated inservice education; access all NYC educational programs. Good basic preparation required; learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Effective September 1960, Staff Nurses; day $366-409 month; evening $421-$464; night $410-$453. Head Nurses, $422-$467. 4 wk. vacation; 1½ pay for overtime; Blue Cross pd., uniforms laundered. Minimum rotation. Furnished apartments available through Housing agent. New 20 story apartment house overlooking East River opens December 1961. Suture Nurses: base salary plus ¼ pay for on-call. Thelma Laird, R.N. Director of Nursing, Memorial Hospital, Memorial-Sloan-Kettering Cancer Center, 444 E. 68th St., New York 21, N.Y.

IMMEDIATE OPENINGS: For Head Nurses in O.B., nursery, medical and surgical depts., 3-11 and 11-7, starting salary $315, also scrub nurses in O.R., 7-3, starting salary $310. New 200 bed hospital enlarging to 400 beds. Contact Supt. Nurses, Medical Center Hospital, P.O. Box 1631, Odessa, Tex.

INDUSTRIAL, OFFICE, CLINIC: (a) Ind. Hygiene Nursing Consultant; B.S. public health exp.; near San Francisco; $6750-$8500; (b) Overseas, work with Americans; industrial exp. nec. $5-$11,000; (c) Ind. Nurse, clean food plant, Chicago; $5000; RN 7-4, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

INSTRUCTOR: Instructor, M.S. in maternal and child care. Live in accommodations available. Beth-El Hospital, Linden Blvd., Brooklyn 12, N. Y.

INSTRUCTOR: Instructor, M.S., also Assistant Instructor, B.S. Special program, one or more years experience teaching professional nurse students. Live in accommodations available. Beth El Hospital, Linden Blvd., Brooklyn 12, N. Y.

INSTRUCTOR-MEDICAL AND SURGICAL: Formal and Clinical Teaching. NLN full accreditation, one class yearly of approximately 40 students. B.S. degree and teaching experience required. Liberal personnel policies, salary based upon background. No Nursing Service responsibilities, 500 bed general hospital, direct transportation to New York City in 35 minutes. Write: Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

INSTRUCTORS: Two psychiatric nursing instructors for affiliate nurse program in an A.P.A. certified school. B.S. required with teaching experience. Salary to $7,440 based on education and psychiatric experience. Psychiatric residency program, and other active educational programs. Within 60 miles of 3 colleges and 1 university. Apply Director of Nursing, Box 111, Independence, Iowa.

INSTRUCTORS: (a) College faculty apptmts; Med-Surg., Fundamentals; 10 mos. $430-$800 mo. South; (b) Chairman, basic nursing program; leading univ. Chicago; $7000 up; (c) Med-Surg., Psych, Fundamentals, Fla. Collegiate program; $550 mo. (d) Adult Vocation program; $400-$700 mo., near Chicago. RN 7-5, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

INSTRUCTORS-MEDICAL-SURGICAL AND OBSTETRICAL: For state approved school of nursing offering a diploma program. B.S. degree required. Formal and clinical teaching, located near university facilities, salary based on education and experience. Apply Director,

School of Nursing, Monongalia General Hospital, Morgantown, W.Va.

L.P.N.: Immediate opening in Obstetrics, Pediatrics and Medical Surgical. Moving into new wing in July with full expansion to 116 beds in November. Liberal personnel policies. Contact: Director of Nursing Service, Chilton Memorial Hospital, Pompton Plains, N. J.

LABOR AND DELIVERY ROOM NURSES: Private general hospital with bed capacity over 400, including 63 bassinets. Require RN licensed (or eligible for license) in Wis. Excellent salary and liberal benefit program. Convenient to residential and shopping facilities, or living accommodations available on premises if desired. Contact Personnel Director, Milwaukee Hospital, 2000 W. Kilbourn Ave., Milwaukee 3, Wis.

MALE NURSES: Registered with 2 yrs., experience for work in State Prison at Wethersfield, Conn.,. Work includes operating room, ward and sick call duty, 40 hr. rotating shift, quarters available for single persons at nominal charge, low cost meals and laundry. Salary range $160.92 to $222.99 bi-weekly. Delightful community near capital city offering all cultural and recreational facilities. Write: State Personnel Department, Room 405, State Office Building, Hartford, Conn.

MEDICAL-SURGICAL INSTRUCTOR: B.S. degree, previous experience in teaching preferred, formal and clinical teaching, 3 yr. diploma program. Salary dependent on background. Apply Director of Nursing Education, Knapp College of Nursing, 2400 Bath St., Santa Barbara, Calif.

NORFOLK GENERAL HOSPITAL: Offers to graduates of accredited schools of Nursing, an 18 months comprehensive course in Anesthesia conforming to curriculum revision by A.A.N.A. Approved for training under the G.I. Bill. Exchange students accepted, free maintenance plus liberal stipend granted after 6 months. New class begins Monday, October 3, 1960. Apply: Director, School of Anesthesia, Norfolk 7, Va.

NURSE ANESTHETIST: For 640 bed general hospital, no pediatric department, 40 hr. wk. plus overtime, salary open, generous employee benefits. Apply Personnel Office, Akron City Hospital, 525 East Market St., Akron 9, Ohio.

NURSE ANESTHETIST: Female, for medical school, 1000 bed teaching hospital. Permanent position. Starting salary $418 per mo. with merit increases, vacation and personnel benefits. 40 hr. wk. Apply: H. M. Hoff, Associate Executive Director, Jackson Memorial Hospital, Miami 36, Fla.

NURSE ANESTHETIST: 364 bed general hospital being enlarged to 500 beds. Want to enlarge present staff of 1 M.D. plus 7 anesthetists. Salary from $400 to $500/mo. plus extra bonus payment per case for on call duty, and retirement and sickness benefits. New air-conditioned operating rooms. Apply Chief, Department of Anesthesia, York Hospital, York, Pa.

NURSE-MALE: Wanted for Jail Nurse positions taking care of prisoner patients at the County Sheriff's facility. Must be grad. from accredited school of nursing or equivalent. Calif. registration not required for temporary position if license or permit from other state is presented. Sal. $464-$516 mo. Apply County of Los Angeles Civil Service Commission, 501 N. Main, Los Angeles 12, Calif.

URSES: Well, it's sure nice to be home ain. Miami is a beautiful spot for a con-ntion and I certainly enjoyed meeting so any people, but it's sure nice to be home ain. Of course I've got a wonderful home to me home to meaning the County General spital, naturally. The more I travel the more nvinced I become that this is the place for e and from the continued trek westward it oks as if many of you feel the same way. I n't know whether I have reported some new ditions here, we have a special building now r the telephone exchange, the osteopathic ilding is completed and functioning—it's a auty, too. The University of Southern Cali-rnia (the "Fight-on-for-old SC" school) is st finishing its medical school across the reet. In the planning stages are a new tpatient building, a new nurses residence d a Residents residence. While our com-ement of nurses is ever increasing, we ll look for graduates. Salary begins at 75 month with night and evening bonus. sistant Head Nurse positions are available a promotional basis. Salary $417. Open-gs in medicine and surgical specialties. ease write me for information, I'll be glad answer your questions. BETTY HARTWIG.

URSES: Director of Nurses salary open, rgical Nurse salary $325, Registered Staff rses Age 21-45, 3 yr. graduates preferred. bed general hospital, congenial medical ff, rotating shifts $300 mo. base pay $15 fferential for evenings and nights. 8 pd. lidays, 14 days paid vacation, 21 days er 3 yrs., retirement plan, other liberal rsonnel policies, beautiful nurses home th television, $45 mo. full maintenance wn of 9000 surrounded by mountains, desirable climate yr. round. Apply Earl M. Coffee, Administrator Miners Hospital of New Mexico, Raton, N. M.

NURSES: Registered, small accredited specialized hospital, downtown Los Angeles. Current rate of salary, 10% differential for PM shifts. Contact Administrator, Los Angeles Eye and Ear Hospital, Los Angeles 17, Calif.

NURSES: Registered, operating room, delivery room and general duty for 350 bed hospital in western suburb, 16 miles west of Chicago's loop. Starting salary for experienced operating room nurses $400, starting salary for delivery room nurses $365, starting salary for general duty $350, differential of $15 for PM and night shifts, 6 pd. holidays and other liberal benefits. Apply Mrs. Emily Strong, Personnel, Memorial Hospital, Elmhurst, Ill.

NURSES: O.R., heart & lung surgery, excellent opportunity, 350 to 400 month. Write Deborah Hospital, Browns Mills, N.J. (near Philadelphia)

NURSES: For new 75 bed general non-profit hospital. Resort area. Contact Administrator, South Coast Community Hospital, South Laguna, Calif. HYatt 4-8501.

NURSES: OR, R.N.'s and L.P.N.'s. Pleasant working conditions and excellent hospital policies, 150 bed hospital. Write Director of Nursing, Cross County Hospital, 6 Xavier Drive, Yonkers, N.Y.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RNs in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range $300-400 mo. for 44

hr duty. Liberal personnel policies. Sick lv plan with 6 holidays per yr. Also we pay differential of $10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

NURSES: Supervisors and Team Leaders. Accredited 200 bed general hospital in suburbs of Washington, D.C. 40 hr. wk., merit increases, retirement plan. Accept graduates prior to registration. Nearby universities for continued education. Director of Nursing, Suburban Hospital, Bethesda 14, Md.

NURSES SURGICAL: Nurse, surgical, 40 hr. wk., 7 AM-3 PM, excellent salary and personnel policies, meals included, air conditioned hospital. Edgewater Hospital, 5700 N. Ashland Ave., Chicago 26, Ill.

NURSES SURGICAL: Nurse, surgical, experienced ENT. 40 hr. wk., 7AM-3PM, excellent salary and personnel policies, meals included, air-conditioned hospital. Edgewater Hospital, 5700 N. Ashland Ave., Chicago 26, Ill.

NURSING ARTS INSTRUCTOR: Degree and teaching experience. Nursing home and educational building in progress. 30 mins. from N.Y. by bus or train. 300 bed general hospital. Apply Director, School of Nursing, Clara Maass Memorial Hospital, Belleville, N.J.

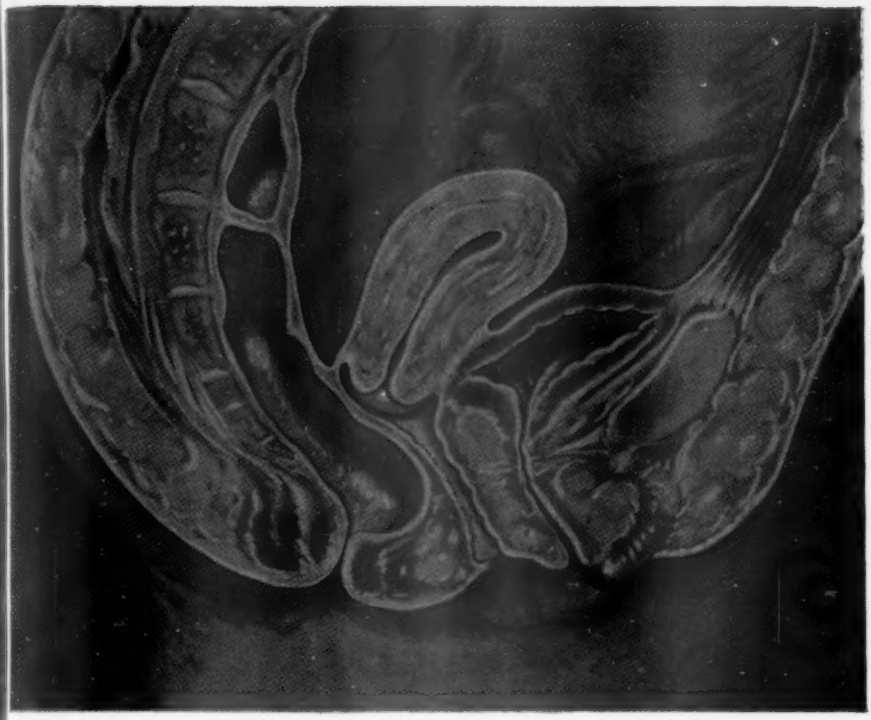
NURSING INSTRUCTORS: Immediate openings Medical-Surgical Instructor and Maternal Child Health Instructor. NLN full accredited school; integrated diploma program; Northern California college community; excellent clinical and teaching facilities; progressive faculty; excellent salary and perso nel policies. B.S. degree or higher require Write: Personnel Director, 732 East Ma Street, Stockton 2, Calif.

NURSING TEAMS: New, 300 bed air co ditioned non-profit (general) hospital, 7 m from Washington, D.C. All services plus p chiatry and Intensive Care units, team nur ing planned, audio visual patient nurse co munication. Graduates for all levels and pra tical nurse applications being accepted n for positions in late fall. Active communit excellent suburban shopping centers and go transportation. Write Director of Nursin The Fairfax Hospital, Falls Church, Va.

OBSTETRIC SUPERVISOR: 160 bed gener hospital located in a beautiful residential se tion along the North Shore of Chicago. Sta ing salary $397, or depending upon qualifi tion and experience; 40 hr. wk. Modern ran style nurses' homes with attractively furni ed private bedrooms. Contact Personnel D rector, Highland Park Hospital Foundatio Highland Park, Ill.

OBSTETRICAL SUPERVISOR AND I STRUCTOR: Responsible for supervision of bed unit, over 3600 births year and teachi program for nursing students. Degree and satisfactory experience. Salary commensura with qualifications, liberal personnel policie direct transportation to New York City in minutes. Write: Director of Nursing, Newa Beth Israel Hospital, Newark 12, N.J.

OBSTETRICAL SUPERVISOR & INSTRU TOR, CLINICAL INSTRUCTOR, AN NURSING ARTS INSTRUCTOR: 115 b JCAH approved hospital with diploma scho of nursing. B.S. degree and experience pr ferred. Contact: Director of Nursing, Nae Hospital, Albert Lea, Minn.



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Massengill Powder provides a balanced formula for gentle, effective cleansing of the vaginal mucosa. Massengill Powder is buffered to maintain a normal, low vaginal pH, inhibiting the propagation of pathogenic organisms. Low surface tension of Massengill Powder in solution enables it to penetrate all the folds and crevices of the vaginal mucosa. Massengill Powder soothes inflamed tissue, helps reduce excessive vaginal secretion, and deodorizes. Its clean, refreshing odor makes it especially pleasant to use.

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Openings are available now for General Staff, Operating and Delivery Room Nurses. If interested, write or call:

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OPERATING ROOM: Supervisor and Assistant Supervisor to direct and manage a well equipped surgical suite in busy 382 bed hospital. JCAH accreditation. Average number of procedures per mo. 505. Degree desirable. Recent experience and post graduate training required, salary attractive, liberal personnel policies, immediate openings. Contact Director of Nursing, The Mercer Hospital, Trenton 8, N. J.

OPERATING ROOM NURSES: Community Hospital. Lake region, 25 miles from New York, salary commensurate with experience, excellent personnel policies. Apply: Director of Nursing, Riverside Hospital, Boonton, N. J.

OPERATING ROOM NURSES: For expanding 374 bed general hospital located on Long Island Sound just 45 minutes from New York City. Starting salary $335, annual increases for four years. $15 bonus paid for each night on call, paid vacation according to tenure up to 28 days, 8 paid holidays, paid sick time, Social Security, scholarship aid available for continued collegiate study. Apply Operating Room Supervisor, New Rochelle Hospital, New Rochelle, N. Y.

OPERATING ROOM NURSES: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $390 for days, $420 for evenings, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bed rooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

OPERATING ROOM NURSES: For 400 bed private general hospital with new operating room suites. Experienced or will train. Require Wisconsin license, or eligible. No call duty. Excellent salary and liberal benefit program. Contact Personnel Director, Milwaukee Hospital, 2200 W. Kilbourn Avenue, Milwaukee 3, Wis.

OPERATING ROOM SUPERVISOR: Male or female, for 250 bed general hospital, approved by the Joint Commission on Accreditation. Modern operating room facilities, excellent working conditions, and liberal employment benefits with 40 hr. wk., progressive community on Lake Michigan, send resume with expected salary to: Director of Nursing, Hackley Hospital, 1700 Clinton St., Muskegon, Mich.

OR & STAFF NURSING: Active 100 bed children's medical center. University affiliation. Good personnel policies. Apply Director of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

PEDIATRIC ASSISTANT NIGHT SUPERVISOR: For active 225 bed teaching and research children's hospital. 40 hr. wk., liberal personnel policies. Housing available. Salary depends on qualifications. Experience in supervision preferred. Apply Director of Nursing, Children's Hospital, 2125 13th St., N.W., Washington 9, D. C.

PEDIATRIC CLINICAL INSTRUCTOR: 100 bed pediatric medical center, university connection. Affiliating student program. Degree in Nursing required. At least 1 or more yrs. experience in nursing and preferably some teaching experience. Salary commensurate with qualifications, opportunity to pursue advanced study. Write or Call Director of Nursing, St. Christopher's Hospital for Children (non-sectarian), 2600 N. Lawrence St., Philadelphia 33, Pa. Tel. GA 6-5600.

PEDIATRIC STAFF NURSE: For active 22[illegible] bed teaching and research children's hospital

Starting salary $300 per mo. with evening and night differentials. Operating Room $310 per mon. with bonus for Operating Room call. 40 hr. wk., vacation, holiday and sk. lv. privileges. Promotional opportunities for qualified nurses. Apply Director of Nursing, Children's Hospital, 2125 13th St., N.W., Washington 9, D. C.

PEDIATRIC SUPERVISOR AND STAFF NURSES: In all areas of Nursing. Salary ranges, $415-$460 and $330-$375 plus $33 shift differential. Nurses Residence. Apply Director of Nurses, Cedars of Lebanon Hospital, Los Angeles 29, Calif.

PROFESSIONAL MEN NURSES: Paid holidays, vacations, accumulative sick leave, meals, laundry. Starting salary $390.00 per month, plus shift differentials. Alexian Brothers Hospital For Men and Boys, 655 E. Jersey St., Elizabeth, N.J., A. R. Laube, Personnel Dept.

PROFESSIONAL NURSES: 234 bed community hospital in Southern California's finest climate. Complete fringe benefits plus advantages of seacoast location near all cultural and recreational features of metropolitan Los Angeles. Apply Director of Nursing, Santa Monica Hospital, Santa Monica, Calif.

PROFESSIONAL NURSES: Staff positions on all clinical services. Expanding medical center $300-350 monthly, $25 bonus evenings or nights, bi-annual merit increments. Advancement opportunities, relocation loan available, social security, laundry, health service, in-service education programs, collegiate education opportunities. Come to fabulous Dallas. Let us tell you more. Write to Director Nursing Service, Parkland Hospital, Dallas, Tex.

PROFESSIONAL NURSES: Year-round residence in the southwest is becoming popular. Low humidity, air conditioning, swimming pools, nearby mountains are attracting both patients and nurses to Tucson. The U. of A. School of Nursing offers additional opportunities. Fast-growing population and expansion of the hospital facilities offers chance for advancement. Positions, full and part time, are available in all areas. Differential for evening and night duty. Year-round refresher course, active inservice education. Contact Director of Nursing Service, Tucson Medical Center, Tucson, Ariz.

PSYCHIATRIC NURSING: Immediate openings for registered nurses on all shifts. Faculty positions open depending upon qualifications and experience. 1800 bed JCAH approved psychiatric hospital. Expanding affiliate school of nursing with full NLN accreditation. Write John R. Leet, Personnel Director, Box 724, Augusta, Me.

PUBLIC HEALTH: (a) Chairman, P. H. Nurse faculty; leading univ. N.W. Pacific; $700-$800 mo. (b) Direct Coed College health service; M.W. $7000 (c) Consultant, develop industrial nursing program, near San Francisco $7000-$8500; RN 7-6, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

PUBLIC HEALTH NURSE: For a two nurse City Health Dept. Good, salary, excellent personnel policies including retirement, social security and 2 wks. vacation after the 1st yr. Generalized program. Modern office. Wisconsin Rapids Board of Health, 111 1st St. No., Wisconsin Rapids, Wis.

R.N.'S: 222 bed, State TB Hospital, $345-$385 mo., annual, sk. lv., ins. and ret. benefits. Quarters $15 mo. Write: Chief Nurse, Ft. Stanton, New Mexico. [MORE]

REGISTERED GENERAL STAFF NURSES Needed for medical and surgical services large general hospital near the resort beache 40 hrs. wk., good personnel policies, li eral bonuses for evening and night shift 69 bed in brand new air conditioned hospit to be opened soon .Apply Director of Nur ing, Norfolk General Hospital, W. Olney R & Colley Ave., Norfolk 7, Va.

REGISTERED NURSE: General duty, p.m shift, charge and medicine, $410 per mo. pl fringe benefits, 40 hr. wk., good personn policies. Modern and well equipped 18 be hospital in town of 1,600 population with e cellent golf course, access to hunting an fishing, fine year around dry climate wit no fog or smog. Contact Charles L. Hapk Administrator, Southern Inyo Hospital, Lon Pine, Calif.

REGISTERED NURSE: Operating room scr nurse for general surgery, 65 bed gener hospital. Apply: Director of Nurses, S Thomas More Hospital, Canon City, Colorad

REGISTERED NURSE: For Co-ed camp Conn., Write Max Kleiman, Camp Hada Carter Hill, Clinton, Conn.

REGISTERED NURSE ANESTHETISTS 690 bed hospital, primarily surgical, acti operating suite. Integral part of developin 236 acre Detroit Medical Center. Salary com mensurate with qualifications. Liberal pe sonnel policies. Write or call Personnel Di ector, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSES: Two positions f R.N.'s in a hospital and community whi values its nurses highly and shows it paying them according to ability and industr Start at $350 plus meal or $370 without mea other fringe benefits. After 3 mos., salary d termined by evaluation, no maximum. Y must be above average to qualify, physical a mental health must be good, 22 beds in 6,0 farming community. Write: Theron Wood, gi details, enclose dated picture. District Hosp tal, Corcoran, Calif., Phone Wyman 2-3124.

REGISTERED NURSES: For Delivery Roo Obstetrics, Pediatrics, Medical Surgical a Operating Room. Moving into new wing July with full expansion to 116 beds in N vember. Liberal personnel policies. Contac Director of Nursing Service, Chilton Mem orial Hospital, Pompton Plains, N.J.

REGISTERED NURSES: Needed for nigh and day duty, basic salary $310 per mo. plu one meal on duty, extra pay for night dut prefer nurses with some experience in su gery. 34 bed general hospital in southweste Colorado; 4500 population; 7800 altitude, C orado reciprocity necessary, further info mation supplied by writing or wiring A ministrator, Monte Vista Community Hospita Monte Vista, Colo.

REGISTERED NURSES: Immediate openi for Registered Night Nurse; new 41 bed ge eral hospital; to start $330, plus shift differe tial, plus charge, plus fringe benefits. 40 h wk., time & one-half for overtime. Appl Margaret Jones, R.N., Superintendent; Wi lapa Harbor Hospital; South Bend, Wash.

REGISTERED NURSES: For medical a surgical services 300 bed approved general ho pital 40 hr. wk., beginning salary $70 weekl Differential for 3-11 and 11-7 shifts, bathi facilities close by, Boston within easy co muting distance. Write: Director Nursi Service, Beverly Hospital, Beverly, Mass.

REGISTERED NURSES: For general duty i 50 bed general hospital. Salary $18 per da plus other fringe benefits. Carson City Hosp tal, Elm at Third St., Carson City, Mich.

REGISTERED NURSES: Excellent opportunities for staff nurses in large hospital. Salary male $370-$400 days and $400-$430 evenings and nights. Private room accommodations at reasonable rates. Centrally located. Convenient transportation. Write to Director of Nursing Service, Dept. R.N., Mount Sinai Medical Center, 2750 West 15th Pl., Chicago Ill.

REGISTERED NURSES: Openings for 2 RN's in Operating Room, also 2 General Duty 3 P.M. to 7 A.M. shift. 40 hr. wk., annual vacation, sk. lv., pd. holidays, salary open. Apply Administrator, Wadsworth Municipal Hospital, Wadsworth, O.

REGISTERED NURSES: 105 accredited gen. hosp. Salary $330-$360 per mo. 40 hr wk. liberal vacation holiday & sick lv plan. Apply Director of Nurses, Glenn General Hospital, Willows, Calif.

REGISTERED NURSES: Looking for job satisfaction and educational opportunities can find both at Presbyterian Hospital in Philadelphia. General staff positions in cardiac, thoracic, Medical-Surgical, O.R. and Pediatric. Salary range $3600 to $4200 plus perquisites. Apply Director of Nurses, 51 North 39th St., Philadelphia 4, Pa.

REGISTERED NURSES: For air-conditioned 100 bed general hospital, organized medical staff. Pleasant working conditions; reasonable accommodations in nurses' residence. Starting salary $277 per mo., 2 wks. annual vacations, sick leave and holidays. Apply Director of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

REGISTERED NURSES: Staff and surgery nurse positions available, meet the challenge of Cancer Nursing in this 104 bed accredited hospital, excellent personnel policies. Write Director of Nurses, Ellis Fischel Cancer Hospital, Columbia, Mo.

REGISTERED NURSES: To work in modern well equipped 250 bed private hospital overlooking beautiful blue Pacific Ocean. All gifts and services available, liberal personnel policies, 40 hr. wk., no rotation of shift, differential for P.M. and night duty, paid hospital insurance. Write Director of Nursing Service, Long Memorial Hospital, Newport Beach, Calif.

REGISTERED NURSES: St. Vincent Infant Hospital conducted by Daughters of Charity beginning salary $360 plus one meal; plus gift premium desirable fringe benefits. 25 bed hospital unit 30 bed newborn unit tem-rary care units for children 3 wks to 3 yrs. Director Nursing Service, 721 North La Salle Street, Chicago, Ill.

REGISTERED NURSES: Calif. Ranch Style 5 bed hospital. Semi-private rooms with bathroom facilities, best equipment. Located small community with good schools, and churches. Near mountains and coast. 40 hr. wk., good salary and fringe benefits, bonus for evening and night duty. Del Puerto Hospital, Patterson, Calif.

REGISTERED NURSES: Our nurses are important people. Plans for the future are keeping pace with the rapid growth of Denver. We are working on projects for the improvement of patient care and the development of personnel. Write Director of Nursing Service, General Rose Memorial Hospital, Denver, Colo.

REGISTERED NURSES: Beginning salary $355 per mo. $25 P.M. and night differential. $5 additional for surgery. Tenure salary increases. Liberal vacation plan, 7 pd. holidays, 40 hr. wk., social security, hospitalization in-

surance and retirement program. 440 b modern, progressive hospital. Write Pers nel Office, Sutter Community Hospitals, 2 L St., Sacramento, Calif.

REGISTERED NURSES: Modern 376 b JCAH fully accredited general hospital. L cated on beautiful San Francisco Peninsu 20 min. drive from the heart of the ci Openings in all services, excellent person policies, many extra benefits and opport nities for advancement, top salaries. App Personnel Director, Peninsula Hospital, 1 El Camino Real, Burlingame, Calif.

REGISTERED NURSES: California coast area. Ideal climate. New hospital, good pr motional possibilities, liberal vacation a sk. lv. Canadian nurses eligible. Salary sta at $348 per mo. Apply Personnel Dep Court House, Ventura, Calif.

REGISTERED NURSES: For general du on all services in 230 bed general hospit JCAH, in beautiful resort area. Liberal pe sonnel policies. 40 hr. 5 day wk. Wri Director of Personnel, Good Samaritan H pital, West Palm Beach, Fla.

REGISTERED NURSES: Staff duty, 40 h wk., starting salary $300 with increase $120 per year for 2 years. $40 differential f evening, $25 for nights, time and one-qua ter for overtime. No rotating shifts. Oppo tunity for advancement. 7 holidays, 4 wk vacation, sicktime, Social Security, pensi plan. Living in $22.50 per mo, when ava able. Operating room starting salary $3 call nights additional pay. Apply Superi tendent of Nurses, The N. Y. Eye and E Infirmary, 218 Second Ave., N.Y. 3, N.Y.

REGISTERED NURSES: Positions open all shifts and services including delivery a OR. Modern 60 bed hosp. located in SW Co rado. Nurses must be eligible for Colo. regi tration. 40 hr wk, pd vacations, Social Secu ity, holidays, liberal sick lv and other ben fits. Gen. duty $325. Modern quarters ava able for single personnel if desired. Southwe Memorial Hospital, Cortez, Colo.

REGISTERED NURSES: General Duty bed hospital, college town, resort area, abo average salary, liberal personnel policies i clude 40 hr. wk., Social Security, mea laundry. Apply Administrator, Ripon Munic pal Hospital, Ripon, Wisc.

REGISTERED NURSES FOR CALIFORN STATE HOSPITALS: Streamlined procedu allows prompt appointment of profession nurses without experience *or* with one ye of psychiatric nursing experience. Civil ser ice tests continuously in all states. In servi training program features new trends in ps chiatric care and treatment as well as bas and advanced courses in psychiatric nursin Promotional opportunities, openings in educ tional program for nurses with college degr who have experience in psychiatric nursin and teaching of nursing; qualifying M.A. d gree may be substituted for certain experienc Increased salaries effective July 1. Nurs registered in other states are usually eligib for California license without examinatio Liberal employee benefits. Write State Pe sonnel Board, Dept. N201, 801 Capitol Ave Sacramento 14, Calif.

REGISTERED PROFESSIONAL NURSES 659 bed general medical and surgical Veteran Administration Hospital, Dallas, Tex. Grad and salary depend upon professional qualific tions, minimum annual salary is $4425, a nual pay increment and excellent promotion opportunities. Personnel policies normally i

de 40 hr. wk., 30 days annual lv., 15 days lv., 8 holidays. Citizenship required. Write f, Nursing Service, VA Hospital, Dallas,

HOOL NURSE: For small infirmary in 's private school, 20 miles from N.Y.C., sant apportunity, P.O. Box 308, Summit,

HOOL NURSES: Infirmary Nurse, private ol for young ladies; South; attractive pus, living quarters; to $425 mo. RN 7-7, neice Larson, The Medical Bureau, 900 N. higan Ave., Chicago 11, Ill.

ENCE INSTRUCTOR: Nationally accred- school of nursing. One class of approxi- ely 40 students admitted yearly. B. S. ee minimum, salary dependent on educa- and experience, 40 hr. wk., 8 holidays full pay, 4 wks., vacation yearly, lib- sick leave, 500 bed voluntary hospital, et transportation to New York City in minutes. Write: Director of Nursing, ark Beth Israel Hospital, Newark 12, N.J.

AFF NURSES: Now staffing new 46 bed ital opening in September. Good salary, al personnel policies, Blue Cross group rance. A Christian College in town, of- opportunities for BS degree. Write Di- or of Nurses, Utlaut Memorial Hospital, enville, Ill.

AFF NURSES: (a) Pacific Island hsp. near e U.S. naval operation; $4500 plus (b) ustrial mining Hosp. resort city on Mexi- Border, $400; RN 7-8 Burneice Larson, e Medical Bureau, 900 N. Michigan Ave., icago 11, Ill.

AFF NURSES: 245 bed hospital, 40 hr. 2 wks., vacation, 6 pd. holidays, 12 days lv. annually, good recreational area. Ap- Director of Nursing Service, Memorial spital, Casper, Wyo.

AFF NURSES: All shifts in a fully ap- ved general Municipal Hospital, Hartford, n., Liberal personnel policies include: sant working conditions, retirement plan, al security, paid hospitalization insurance, leave, vacation, holidays and other bene- Salary Range: $69-$82.00 weekly. Ap- tment can be made at $75.00 weekly. ite: Personnel Director, Municipal Bldg., Main St., Hartford 4, Conn.

AFF NURSES: Vacancies in a modern re- rch and educational institution offering opportunity to learn new procedures and use of the latest type of chemotherapy nts. Qualified applicants will be assigned the service and shift of their choice when- er possible. Starting salary to $395 based on qualifications and experience for evening night duty with no rotation of shifts. Other quisites include 3 wks vacation, 12 days mulative sk. lv. laundry of uniforms, and irement program. For further informa- n contact Personnel Manager, The Uni- sity of Texas, M. D. Anderson Hospital d Tumor Institute, Houston 25, Texas.

AFF NURSES: Embreeville State Hospi- , the "Open Door" psychiatric hospital is anding. Nurses interested in participating a modern approach to the treatment of ychiatric disorders are urgently needed. od personnel policies, salary range $3742 $5803 annually, quarters available, car de- able. Contact Director of Nursing, Embree- le State Hospital, Embreeville, Pa.

AFF NURSES: 500 bed JCAH accredited spital located on Florida's Gulf coast. arting salary $275 days, $290 evenings and ghts. Positions also available for Licensed actical Nurses, starting salary $206 days,

$216 evenings and nights. In-service program, annual increases, 8 holidays, sk. lv. and vacation benefits. Apply Director of Nursing, Mound Park Hospital, St. Petersburg 1, Fla.

STAFF NURSES: For large, modern, tuberculosis hospital in beautiful suburban Cleveland. Starting salary $355 with semi-annual increments. Extra for night and relief duty. Non-rotating shifts. Opportunities for advancement. Married nurses or two single nurses may live in attractive, nearly new, completely furnished 2 bedroom homes at very low rent including utilities. Pd. vacation and holidays, liberal sk. lv. cumulative to 90 days, excellent retirement plan. Write Director of Nursing, Sunny Acres Hospital, Cleveland, 22, Ohio

STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at $330. Merit increases. Apply Director of Nursing, Cottage Hosp., Santa Barbara, Calif.

STAFF POSITIONS: All clinical areas including psychiatry, respiratory-rehabilitation center. Beginning salary $300 monthly, periodic increases, 3 wks. annual vacation. Opportunity for college study, bachelor's degree program. Write Head, Department of Nursing Service, Eugene Talmadge Memorial Hospital, Medical College of Georgia, Augusta, Ga.

STAFF POSITIONS: In in-patient areas and in the operating rooms open at the University Hospital, University of Michigan Medical Center. Dynamic environment of clinical care, teaching & medical res. Starting salary $344 a mo. Excellent personnel policies. Please write to the Director of Nursing, University Hospital, Ann Arbor, Mich.

STANFORD MEDICAL CENTER: Surgery, Delivery and General Duty Nurses. Good salary, premium pay in surgery and delive Night differential $30 per mo., in all servi Low cost temporary housing for new hi Pd. hospitalization, vacation and sk. lv. W Stanford Medical Center, 300 Pasteur Dr Palo Alto, Calif., attention Mrs. Palm Personnel Dept.

SUPERVISOR-OPERATING ROOM: N 300 bed hospital approximately 30 minu from N.Y.C., 10 minutes from Newark cent 7 rooms—all air-conditioned, Bachelor's Deg and experience required, excellent person policies, salary commensurate with qualifi tions. Apply Box #CM-1, c/o RN Magazi Oradell, N.J.

SUPERVISORS: (a) Foreign assignment OR Supv. with degree; Amer. owned Oil C hsp., warm climate; employee golf cour swimming pool; $10,000, Air travel. (b) L Supv. new 100 bed hsp. near Los Angel $400 up; (c) Supv. ready to assume respon bility direct nurses, 60 bed hosp., near Mex border, $5000; RN 7-9, Burneice Larson, T Medical Bureau, 900 N. Michigan Ave., C cago 11, Ill.

SUPERVISORS: Pediatrics, Medicine and erating room, in large city hospital, $375 mo., Instructors: Pediatrics, Medicine Surgery, in same hospital. Salary same as Supervisors. Write Director of Nursing, G eral Hospital, Kansas City 8, Mo.

SUPERVISORS, GENERAL STAFF NU ES: Excellent opportunities available now modern 300 bed medical center. Medical-s gical, intensive care, and OBS positions op Supervisory salary $4420-5720; staff $36 4160. Evening and night differential, libe benefits, ample opportunity for advanceme Attractive New England college commun located in year round resort area. Wr

rector Nursing Service, Mary Hitchcock emorial Hospital, Hanover, N.H.

UPERVISORS-STAFF NURSES: General, stetric, psychiatric departments; 215 bed spital. Degree not required. Residence avail-le. Director of Nurses, Woonsocket Hospi-, Woonsocket, R.I.

URGICAL NURSES: Performing all types surgery, Medical Center of Southern Wyo-ng. Excellent personnel polices, 40 hr. wk., wk. vac., sk. lv., 7 pd. holidays. Nurse sidence only $43 room & bd. Starting sal-y $320 mo. Apply Dir. of Nursing, Memorial spital, Cheyenne, Wyo.

URGICAL REGISTERED NURSES-STAFF EGISTERED NURSES: 240 bed gen. hosp. hr wk, 15 working days, pd vacation, 7 pd lidays, sick lv. Surgery starting base pay 38. Stand by & call back time extra. Staff N. starting pay $332 mo. Regular pay in-eases. P.M. & night differential $10. Yolo eneral Hospital, P.O. Box 210, Woodland, alif.

CTURE NURSES: Work with top nurses d surgeons. Opportunity experience in radi-procedures. 5 day wk., schedule. Good basic paration needed; learn specialty here; ef-tive September 1960 $366-$409 plus ½ pay on-call hours. 4 wks., vacation, other bene-. See our ad High Caliber Registered urses. Thelma Laird, R.N. Director of Nurs-g, Memorial-Sloan-Kettering Cancer Center, East 58 St., New York 21, N.Y.

HREE REGISTERED NURSES: Wanted summer work in Kentucky mountains. rite Miss Helen E. Browne, Associate Direc-, Frontier Nursing Service, Wendover, Ky

RANSPORTATION PAID: Via 1st class to Albuquerque and return in exchange 1 yr. employment contract. Come to New Mexico, "Land of Enchantment", largest private hospital in state—general hospital, sanatorium and geriatrics units, building program, inservice education. Vacancies for staff duty no rotation of shifts, salary $300 mo. to start, $15 differential for evenings and nights. Write or call Mrs. Emily J. Tuttle Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S. E., Albuquerque, New Mex., Phone Chapel 3-5611.

VETERANS ADMINISTRATION CENTER: Dayton, Ohio, an 820 bed hospital affiliated with Ohio State University offers opportunities for professional nurses in medical, surgical, geriatric and tuberculosis nursing. Monthly salary: $370 to $795. Facilities for educational advancement at University of Dayton and Miami University. In-service education program, annual salary increases, 30 days vacation, 15 days sick lv, 8 holidays, retirement plan, living quarters available. Full U.S. Citizenship required. Write: Chief, Nursing Service, Administration Center, Dayton, Ohio.

VISITING NURSE: Cert. P.H. or working toward Cert. Est'd 1-nurse agcy., excellent working condition, salary from $4,000 depending on qualifications, 35 mi. S. of Phila, Pa. Write Visiting Nurse Assn., Pennsville, N.J.

WANTED: Director of Nursing Education, Diploma school, 219 bed hospital, good personnel policies, salary open. Apply Director, Orangeburg Regional Hospital, Orangeburg, S.C.

WANTED: R.N.'s Northeast Alabama, New 40 bed air conditioned hospital, beginning salary $275 with increase, 2 wks., pd. vacation, 12 days sk. lv., 5 pd. holidays, 90 miles to Birmingham, Alabama and Atlanta, Ga., Write: Director of Nurses, Piedmont Hospital, Piedmont, Ala.

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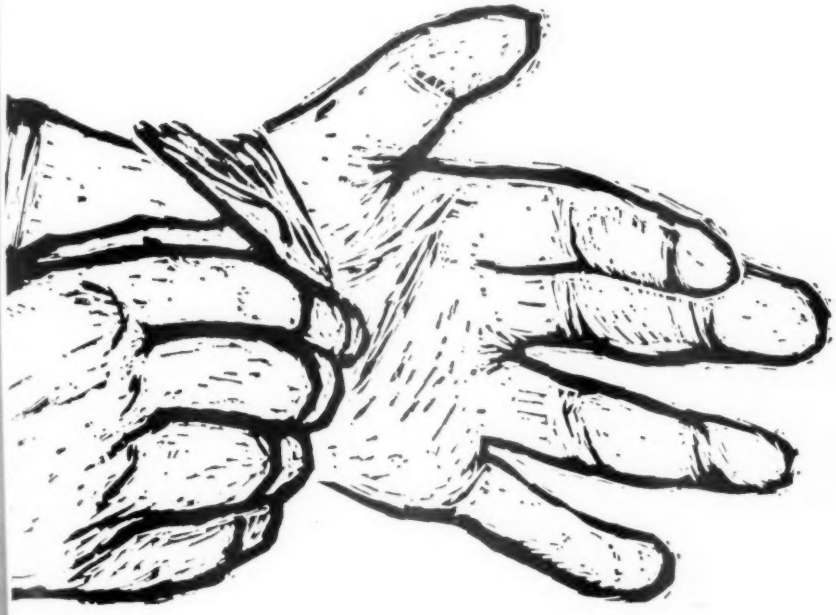
*Lamphier, T.A.: Paper accepted for publication in The American Surgeon.



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